02221999-90001-038-$150.00-$150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 8 PM 1:39

STATE
FLORIDA

[redacted]

DOCUMENT # L88735

1. Corporation Name
661 MAIN STREET CORP.

Principal Place of Business	Mailing Address
~~2909 S OCEAN BLVD, APT 3A~~ ~~HIGHLAND BEACH FL 33487~~	~~2909 S OCEAN BLVD, APT 3A~~ HIGHLAND BEACH FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1990

2. Principal Place of Business	2a. Mailing Address
21 431 Mt. View Dr.	26 431 Mt. View Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lewiston, N.Y.	City & State 28 Lewiston N.Y.
Zip 24 14092 Country 25 USA	Zip 29 14092 Country 30 USA

4. FEI Number: 16-1118294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAKER, CHARLES A. ~~2909 S OCEAN BLVD, APT 3A~~ ~~UNIT 213~~ ~~HIGHLAND BEACH FL 33487~~	81 Name: CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET 83 84 City: TALLAHASSEE FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Deliora D. Skipper AS agent — DATE: 4/2/99
Signature required of printed name of registered agent and title if applicable. (Fla. L. Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	BAKER, CHARLES A SR		1.2 NAME	Charles A. Baker	
STREET ADDRESS	2909 S OCEAN BLVD		1.3 STREET ADDRESS	431 Mt. View Dr	
CITY-ST-ZIP	HIGHLAND BEACH FL		1.4 CITY-ST-ZIP	Lewiston, N.Y. 14092	
TITLE	S	☐ DELETE	2.1 TITLE	S	☐ Change ☐ Addition
NAME	BAKER, CHARLES A SR		2.2 NAME	Charles A. Baker	
STREET ADDRESS	2909 S OCEAN BLVD		2.3 STREET ADDRESS	431 Mt. View Dr	
CITY-ST-ZIP	HIGHLAND BEACH FL		2.4 CITY-ST-ZIP	Lewiston, N.Y. 14092	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles A. Baker (Charles A. Baker) 4/4/99 716-282-8678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #