Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90124 027 ***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

DOCUMENT # PO1350

1. Corporation MOXIE!									
Principal Place of Business Mailing Address						AMIL GIBIS AIREI MISIL (9: Eri BiBir Arbis 1864		
% PILLSBURY 200 S. 6TH ST MINNEAPOLIS	TREET 08X3	% PILLSBURY 200 S. 6TH STREET 08X3 MINNEAPOLIS MN 55402			E IN THIS SPACE	<u> </u>			
					 Date Incorporated or Qualifed 03/23/1984 				
2. Principal l	Place of Business	2a. Mailing Address			4. FEI Number		Applied For		
21					72-0994099		Not Applicable		
Suite, Apt	i. #, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	1 1	75 Additional ee Required		
City & Sta	ite	City_&_State			======================================				
23 28			Trust Fund Contribution		Trust Fund Contribution	Ad	ided to Fees		
Zip	Country	Zip Country			8. This corporation owes the curre				
24	25 29 30				Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,			
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent			
CT CORPORATION SYSTEM				81 Name					
1200 S. PINE ISLAND ROAD			82	Street	Address (P.O. Box Number is Not Acceptate	ne)			
PLANTATION FL 33324			83		····				
				City		FL 85 Zip Code			
(office or	it to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was autho	onzed by	the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of changir the appointment	ng its registered as registered		
SIGNATURE						DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				nt signature n	required when reinstating) ADDITIONS/CHANGES TO OFF		ECTORS IN 12		
12.	TDVS	DELETE	1.1 TITLE			□ Ch			
NAME	GIRESI, MARK A	44 5	1.2 NAME		BENNIS MALAMATINAS	_	- 4		
STREET ADDRESS	ATTENDED ON THE PROPERTY OF TH	-		ADDRESS	17777 ULD CUTLER ROAI)			
CITY-ST-ZIP	AMANA EI		1.4 CITY+ST+ZIP		MIAMI, FL 33157				
TITLE	DP	☐ DELETE	2.1 TITLE			☐ Ch	ange		
NAME	CLAYTON, PAUL		2.2 NAME		·				
STREET ADDRESS	ATTT OLD OUT ED DD		2.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI ELTANA		2. 4 CITY-S	T-ZIP	_				
TITLE	AS	☐ DELETE	3.1 TITLE			☐ Chi	ange Addition		
NAME	POPPELE, DONALD R		3.2 NAME						
The state of the s			3.3 STREET	ADDRESS					
AMBIEADONO AND			3.4. CITY-S	T-ZiP	1				
700 5	24	ίΧ DELETE	4.1 TITLE			Ch	range Addition		

6.4 CITY-ST-ZIP 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 end 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 attaction of the corporation of the corp

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

XSIGNATURE:

NAME

TITLE

NAME

TILE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

POLLACK, NOAH

HEGGIE, COLIN

MIAMI FL

MIAMI FL

CFOD

17777 OLD CUTLER DR.

17777 OLD CUTLER ROAD

REQUIREDONALD POPPELE

☐ DELETE

□ DELETE

4-12-99

612-330-4920

Change

☐ Change

Addition

Addition