

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000012418(8)
1. Corporation Name:
"BEAT FEET" POSTAL CENTER, INC.

Principal Place of Business:
2901 CLINT MOORE RD
SR 2
BOCA RATON, FL. 33496
US.

Mailing Address:
110 MARK TWAIN LANE
PLACIDA FL. 33947
US.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 2/10/93	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0393916	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAYNELL, JAY
110 MARK TWAIN LANE
PLACIDA FL. 33947

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

Signature: Typed printed name of the person named in 9. or 10. as applicable

(Note: If a filer is required, signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		11 TITLE	☐ Change ☐ Addition		
NAME	MAYNELL, JAY			12 NAME			
STREET ADDRESS	110 MARK TWAIN LANE			13 STREET ADDRESS			
CITY-ST-ZIP	PLACIDA FL. 33947			14 CITY-ST-ZIP			
TITLE	P	☐ DELETE		21 TITLE	☐ Change ☐ Addition		
NAME	MAYNELL, JAY			22 NAME			
STREET ADDRESS	110 MARK TWAIN LANE			23 STREET ADDRESS			
CITY-ST-ZIP	PLACIDA FL. 33947			24 CITY-ST-ZIP			
TITLE	VPST	☐ DELETE		31 TITLE	☐ Change ☐ Addition		
NAME	MAYNELL, LINDA C.			32 NAME			
STREET ADDRESS	110 MARK TWAIN LANE			33 STREET ADDRESS			
CITY-ST-ZIP	PLACIDA FL.			34 CITY-ST-ZIP			
TITLE		☐ DELETE		41 TITLE	☐ Change ☐ Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		☐ DELETE		51 TITLE	☐ Change ☐ Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		☐ DELETE		61 TITLE	☐ Change ☐ Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 supplied elsewhere 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.

SIGNATURE:

Jay Maynell - JAY MAYNELL PRESIDENT

4/19/98 (941) 255-8404

CR2E034 (10/97)