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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000074631

1. Corporation Name

TIPS TO TOES, INC. Mailing Address Principal Place of Business 2755 FOREST HILLS 8086 W SAMPLE RD CORAL SPRINGS FL 33065 **BUILDING 13** DO NOT WRITE IN THIS SPACE CORAL SPRINGS FL 33065 US 3. Date Incorporated or Qualifed 10/11/1994 4. FEI Number Applied For Mailing Address Principal Place of Business BOBG W. SAMPLE RD 65-0521511 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing PeiNGS Trust Fund Contribution Added to Fees 28 23 <u>Country</u> This corporation owes the current year Intangible Zip Country SROWARD □No Personal Property Tax. ☐ Yes 30 25 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name DENERO, SUZANNE Street Address (P.O. Box Number is Not Acceptable) 82 2801 FOREST HILLS BLVD #12 CORAL SPRINGS FL 33065 83 84 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ DELETE 1.1 TITLE ☐ Addition TITLE DENERO, SUZANNE DENERO, SUZANNE 12 NAME NAME BOBG W. SAMPLE ROAD 2801 FOREST HILLS BLVD #12 1.3 STREET ADDRESS STREET ADDRESS 306S CORDL SPRINGS, FC **CORAL SPRINGS FL 33065** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME

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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90121 018 ***150.00

CR2E034 (11/98)