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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000022128

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

ROASTMASTER, INC.

Principal Place of Business	Mailing Address			LIBID IIDDI IIDID IIDDI IDII IDDI
3000-2 NW 25 AVENUE POMPANO BEACH FL 33069 #605 FORT LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/11/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0790199	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year In	tangible
24 25	29 30	_	Personal Property Tax.	Yes No
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
EDISON, GEORGE S 2929 E. COMMERCIAL BLVD. SUITE 605 FORT LAUDERDALE FL 33308 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered againt, or both, in the State of Florida, Such change was auti		83 84 City the above-named corporation	ess (P.O. Box Number is Not Acceptable) FL pration submits this statement for the purpose of the submits board of directors. I hereby accept the appo	f changing its registered
agent. I am familiar with and accept the oblig	gations of, Section 607,0505, Florida	Statutes.		
	gent and title if applicable. (NOTE: Reg	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE DP	□ DELETE	1.1 TITLE		Change Addition
NAME SCHEIN, JAY	1	1.2 NAME		ĺ
STREET ADDRESS 3000-2 NW 25 AVENUE	i i	1.3 STREET ADDRESS		
CITY-ST-ZIP POMPANO BEACH FL 33069	l	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	,	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME .	1	3.2 NAME		ļ
STREET ADDRESS	i	3.3 STREET ADDRESS		

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 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 eceiver 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 chapted or on an attachment with an address with all other like empowered.

3.4. CITY-ST-ZIF

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

51 DTLP

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

☐ DELETE

KEWUINEE SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Change

Addition

Addition

☐ Addition