


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

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**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90042 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																			
<b>DOCUMENT # P97000045285</b>																							
1. Corporation Name <b>FINGERS &amp; TOES, INC.</b>																							
Principal Place of Business 4725 N. CONGRESS HYPULUXO FL 33426			Mailing Address 4725 N. CONGRESS HYPULUXO FL 33426																				
2. Principal Place of Business 21 <b>4725 N. Congress Ave</b> Suite, Apt. #, etc. 22 City & State 23 <b>Boynton Bch. FL</b> Zip 24 <b>33402</b> 25 Country						2a. Mailing Address 26 <b>4725 N. Congress Ave</b> Suite, Apt. #, etc. 27 <b>Boynton Bch. FL</b> City & State 28 Zip 29 <b>33402</b> 30 Country																	
9. Name and Address of Current Registered Agent <b>BUCKNER, TAMMY</b> <b>4725 N. CONGRESS</b> <b>HYPULUXO FL 33426</b>						10. Name and Address of New Registered Agent 81 Name <b>Aspenwall, Tammy</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4725 N. Congress Ave</b> 83 84 City <b>Boynton Bch</b> <b>FL</b> 85 Zip Code <b>33402</b>																	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																							
12. OFFICERS AND DIRECTORS												13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12											
TITLE _____ NAME <b>DP BUCKNER, TAMMY J</b> STREET ADDRESS <b>4725 N. CONGRESS</b> CITY-ST-ZIP <b>HYPULUXO FL 33426</b>												1.1 TITLE _____ 1.2 NAME <b>Aspenwall, Tammy J</b> 1.3 STREET ADDRESS <b>4725 N. Congress Ave</b> 1.4 CITY-ST-ZIP <b>Boynton Bch. FL 33402</b>											
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____												2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____											
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____												3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____											
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____												4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____											
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____												5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____											
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____												6.1 TITLE _____ 6.2 NAME _____ 6.3 STREET ADDRESS _____ 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)