## 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 #	P97000045285
4. Compretion Name	

Corporation Name

FINGERS & TOES, INC.

Principal Place of Business

Mailing Address

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

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



4725 N. CONGI HYPULUXO FL		4725 N. CONGRESS HYPULUXO FL 33426		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 05/21/1997	
2. Principal P	lace of Business	2a. Mailing Address	0	4. FEI Number . Applied For	
21 4/	25 N. Congress	1/1/25 N.	Congress 1	1ve 65-0764490   Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.  27 Boynton	BCh. PL	5. Certifcate of Status Desired	
City & State  City & State  City & State  28				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees	
Zip 33	HUZ [25]		Country	8. This corporation owes the current year Intangible Personal Property Tax.   Yes	
	9. Name and Address of Curr	ent Registered Agent	941 11	10. Name and Address of New Registered Agent	
RUC	KNER TAMMY		81 Name	Aspenwall, Tammy	
BUCKNER, TAMMY 4725 N. CONGRESS  82 Street Add			ddress (P.O. Box Number is Not Acceptable)		
	ULUXO FL 33426		83	1725 N. Congress NVE	
1					
	. ;-			Boynton Bch FL 85 33462	
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	•	•		<i>(</i> 3 ,	
JONATORE	Signature, typed or printed name of registered a	,	tegistered Agent signature re		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP TANKY	☐ DELETE	1.1 TITLE	Aspenwall, Tammy ) Behange Addition 4725 N. Congress Ave Boynton Bch. FL 33462	
NAME	BUCKNER, TAMMY J		1.2 NAME	4725 N. Congress AVE	
STREET ADDRESS	4725 N. CONGRESS		1.3 STREET ADDRESS	Bounton Rch. FL 33462	
CITY-ST-ZIP	HYPULUXO FL 33426	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition	
TITLE	•	- OLLE IL	2.2 NAME		
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME	_ , _	
			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	Change Addition	
NAME	;	_	4.2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME	,	•	5.2 NAME	}	
STREET ADDRESS		<b>`.</b>	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TTLE	☐ Change ☐ Addition	
NAME		•	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
		with this filing done not qualify for t	he evenetice stated	in Section 119.07(3)(i). Florida Statutes. I further certify that the information	

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 informati 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 Date

Daytime Phone #

22E034 (11/98)