

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90202 022 \*\*\*150.00

0514885

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000058391**

1. Corporation Name  
**POST OFFICE SHOPPING ARCADE, INC.**



Principal Place of Business  
**23B S.W. OSCEOLA STREET  
 STUART FL 34994  
 US**

Mailing Address  
**23B S.W. OSCEOLA ST.  
 STUART FL 34994  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/03/1997**

4. FEI Number  
**65-0766825** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **3228 S.W. Martin Downs Blvd.**  
 Suite, Apt. #, etc.  
 22 **Suite #5**  
 City & State  
 23 **Palm City FL**  
 Zip  
 24 **34990** Country  
 25 **USA**

2a. Mailing Address  
 26 **3228 S.W. Martin Downs Blvd.**  
 Suite, Apt. #, etc.  
 27 **Suite #5**  
 City & State  
 28 **Palm City, FL**  
 Zip  
 29 **34990** Country  
 30 **USA**

9. Name and Address of Current Registered Agent  
**VITALE, STEVEN G  
 23B S.W. OSCEOLA STREET  
 STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name **Vitale, Steven G.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3228 S.W. Martin Downs Blvd.**

83 **Suite #5**

84 City **Palm City** FL 85 Zip Code **34990**

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 of 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 *Steven G. Vitale* Date **1/13/99**  
Signature, when appointed, of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	VITALE, STEVEN G	
STREET ADDRESS	23B S.W. OSCEOLA ST.	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vitale, Steven G.	
1.3 STREET ADDRESS	3228 S.W. Martin Downs Blvd. Ste 5	
1.4 CITY-ST-ZIP	Palm City, FL 34990	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Steven G Vitale* Date **1/13/99** Daytime Phone # **561-781-1999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)