PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071762 1, Corporation Name

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90243 050 ***150.00

TOYTRE	K, INC.						
) (800/100) (316 (83/10 300/1 80/10 60/10		
Principal Place	e of Business	Mailing Address					
46 CHARLOTTE ST. 46 CHARLOTTE ST.							
ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					08/19/1997		1
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	Applied For
21		26			59-3465864	\ \ \ \ \ \	tot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
22		27			3. Command of Calabo 200100		Required
City & State	City & State City & State		یر <u>سینه</u> وی دیند		6. Election Campaign Financing	•	May Be
23		28	0		Trust Fund Contribution		to Fees
Zìp	Country	Zip	Country		8. This corporation owes the current year Int	angible	□No
24	9. Name and Address of Current	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Registered		
	g. Name and Address of Current	t Mediatesea Massit	81	Name	10, Name and Address of their registration		
Gardner, George R.L.							
	CHARLOTTE ST.		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
ST. AUGUSTINE FL 32084			83				
			L.			7:-	0.45
			84	City	FL	. 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	, the above	e-named corpo	ration submits this statement for the purpose of	changing it	s registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such chande was auth	YOUZED DV	the corporation	n's board of directors. I hereby accept the appoint	ntment as r	egisierea
	THE ISSUED WITH AND DECEPT THE CONSE	10110 01, 00011011 001,10000, 1111111					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Ager	nt signature required			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AT		
TITLE	PD	☐ DELETE	1.† TITLE	į		☐ Change	Addition
NAME	GARDNER, GEORGE R. L.		1.2 NAME				
STREET ADDRESS	46 CHARLOTTE ST		1.3 STREET				1
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	☐ DELETE	1.4 CITY-S	T-ZIP			
TITLE	SD			I			Addition
NAME	GARDNER, SARAH V.	☐ pereie	2.1 TITLE			Change	Addition
STREET ADDRESS	40 CUADIOTTE OT	☐ SEFEIE	2.2 NAME			Change	Addition
	46 CHARLOTTE ST.	□ DEFE1E	2.2 NAME 2.3 STREE			☐ Change	Addition
CITY-ST-ZIP	46 CHARLOTTE ST. ST. AUGUSTINE FL 32084		2.2 NAME 2.3 STREE 2.4 CITY-5				
TITLE	1	☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE			☐ Change	
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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 par address, with all other like empowered.

SIGNATURE