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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102834 (3)

POOH'S CORNER, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			a innsinkt skin inkli inkli inklik odiji	a sangenett som sotere sonert annie moldt sider dassa tinde infall diet fallt			
500 N. MAITLAND AVE STE. 308 MAITLAND FL 32751		500 N. MAITLAND AVE., STE. 308							
MAILAND PL 32731		MAIIDAND PL 32/31	MAITLAND FL 32751			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualified	ı t			
					12/04/1997				
2. Principal Pl	ace of Business	2a. Mailing Address		_	4. FEI Number		Ar	plied For	
21 324	4 Park Avenue S	26 PO BOX 9	14170	?	- <i>5</i> 9-348 <i>385</i> 8			ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.				П		Additional	
22		27			5. Certificate of Status Desired	L l	Fee Ro	equired	
City & State	1 0	City & State			6. Election Campaign Financing		\$5.00	May Be	
23 WIN	tertack, FL	28 MALTOMO	FL		Trust Fund Contribution		Added 1		
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes or has	paid the curre	nt year Int	angible	
24 <i>32</i> 78			0 US	A	Personal Property Tax due Jur			¶ No	
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New F	tegistered Aç	jent	-	
GU	IDA, FRANK J		81	Name					
500 N. MAITLAND AVE., STE. 308				Street	Address (P.O. Box Number is Not Accept	oblo)			
MAJTLAND FL 32751				30000	Address (F.O. Box Number is Not Accept	aule)			
			B3						
			-						
			84	City		FL	85 Zip (Code	
11. Pursuani te	o the provisions of Sections 607 050	2 and 607,1508, Florida Statutes	the abov	e-named	corporation submits this statement for the	nurnose of c	<u> </u>	s registered	
office or re	egistered agent, or both, in the State	of Florida Such change was au	thorized b	the corp	poration's board of directors. I hereby acc	ept the appoir	ntment as	registered	
•			Da Statute	s. Variable	Meta-de Torres	4/20	Jag	<u> </u>	
SIGNATURE _	Signature typed or printed name of regulationed age	ent and title if applicable (NOTF)	Begistered An	ent Monature	required when re-instating)	DATE	<u> </u>	<u> </u>	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF	D(2	DIRECTOR	S IN 12	
TITLE			1.1 TITLE				Change	Addition	
NAME	GUIDA, FRANK J	, ,	1.2 NAME				•		
STREET ADDRESS	500 N. MAITLAND AVE., STE	. 308	1.3 STREET	ADORESS					
City-St-ZIP	MAITLAND FL 32751		1.4 CITY - S						
TITLE	D	DELETE	2.1 TITLE	11-617	P, D		Change	Addition	
NAME			22 NAME		Lucia and a thousa		, 01141140		
STREET ADDRESS	Linda Manipelbaum		23 STREET	ADDRESS	LINDA Mambelbaum 200 Rivcebent Court				
CITY-ST-ZIP									
TITLE		DELETE	2.4 CITY -: 3.1 TITLE	51-ZiP	VP, B		Change	Addition	
NAME		La Viccia	3.2 NAME		VP, D	L-	T chautie	Maunion	
STREET ADDRESS				1000000	Teresa Gurba				
			3.3 STREET		515 RIVIERA DRIVE				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-1	ST-ZIP	ALTAMONK SPES, FL		T A:		
1		C OCCUP	4.1 TITLE			L_	Change	Addition	
NAME			4. 2 NAME					1	
STREET ADDRESS			4.3 STREET					İ	
CITY-ST-ZIP			4.4 CITY - S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE			L	Change	Addition :	
NAME			5.2 NAME]	
STREET ADDRESS			5 3 STREET	ADDRESS				j	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE	Ī			Change	Addition	
NAME			6.2 NAME	l					
STREET ADDRESS			6.3 STREET	ADDRESS				İ	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP					

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.

4/21/92