

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90046 039 ***150.00

DOCUMENT # P98000016559

1. Corporation Name

POST TOASTEE FL, INC.

Principal Place of Business

14596 ROLLING ROCK PLACE
WELLINGTON FL 33414

Mailing Address

14596 ROLLING ROCK PLACE
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1998

4. FEI Number

☒ 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 1591 WILTSHIRE VILLAGE DR

Suite, Apt. #, etc.

22 City & State
WELLINGTON

23 Zip FL 33414 Country USA

2a. Mailing Address

26 1591 WILTSHIRE VILLAGE DR

Suite, Apt. #, etc.

27 City & State
WELLINGTON FL

28 Zip 33414 Country USA

9. Name and Address of Current Registered Agent

INGUI, COREY
14596 ROLLING ROCK PLACE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name COREY INGUI

82 Street Address (P.O. Box Number is Not Acceptable)
1591 WILTSHIRE VILLAGE DR

83

84 City WELLINGTON

FL

85 Zip Code 33414

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME INGUI, COREY
STREET ADDRESS 14596 ROLLING ROCK PLACE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ DELETE
NAME INGUI, CAROLYN
STREET ADDRESS 14596 ROLLING ROCK PLACE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME INGUI, COREY
1.3 STREET ADDRESS 1591 WILTSHIRE VILLAGE DR
1.4 CITY-ST-ZIP WELLINGTON FL 33414

2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME INGUI, CAROLYN
2.3 STREET ADDRESS 1591 WILTSHIRE VILLAGE DR
2.4 CITY-ST-ZIP WELLINGTON FL 33414

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)