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 # P98000107420

1. Corporation Name

KOSTER SOLUTIONS, INC.

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90004 025 ***150.00

|--|

Principal Place of Business Mailing Address						({ E E (() T E)		
459 GRENADIER AVE NW 459 GRENADIER AVE PALM BAY FL 32907 PALM BAY FL 32907								
FALM DAT FE 32907						DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed		
						12/24/1998		
2. Principal	2. Principal Place of Business 2a. Mailing Address					4. FEI Number V Applied For		
21						Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		
City & Sta	City & State City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25	Zip	Cou	ntry		8. This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of Curre		30			10. Name and Address of New Registered Agent		
	o. Halle and Hadioos of Colfe			81 N	lame			
KOS	TER, PATRICK G			92 0	4	Irana (D.O. Pay Alumbar in Not Assentable)		
459 GRENADIER AVE NW				82 Street Address (P.O. Box Number is Not Acceptable)				
PALM BAY FL 32907								
				04 6		85 Zip Code		
					84 City FL 85 Zip Code			
SIGNATURE	am familiar with, and accept the oblig				nature require	ed when reinstating) DATE		
12.		ND DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TU	LE		☐ Change ☐ Addition		
NAME	KOSTER, PATRICK G		1.2 NA	1.2 NAME				
STREET ADDRES				1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BAY FL 32907		1.4 CI	TY-ST-ZIP	,			
TITLE		☐ DELETE	2.1 ΤΠ	ī.E		☐ Change ☐ Addition		
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

COLATURE PATRICKIE ROSTER

DELETE

Change

☐ Addition