

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  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90034 030 \*\*\*150.00

DOCUMENT # S57576

1. Corporation Name  
TODDLER TECH II, INC.

Principal Place of Business

3230 SO DOUGLAS RD  
MIRAMAR FL 33025  
US

Mailing Address

13798 NW 4 STR  
ST 306  
SUNRISE FL 33325  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1991

4. FEI Number

65-0273769

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 Route 9

22 Parkwood Plaza

23 Clifton Park Ny

24 12065 25 USA

2a. Mailing Address

26 T Mallard Landing

27 Suite, Apt. #, etc.

28 Saratoga Springs

29 12866 30 USA

9. Name and Address of Current Registered Agent

KOSTICK, ELLIOT D  
7520 NW 5 STR  
STE 200  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PST ☐ DELETE

NAME JOHNSON, CAROLYN  
STREET ADDRESS 2662 NELSON COURT  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☐ DELETE

NAME JOHNSON, CAROLYN  
STREET ADDRESS 2662 NELSON COURT  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE VPD ☐ DELETE

NAME JOHNSON, WILLIAM  
STREET ADDRESS 2662 NELSON COURT  
CITY-ST-ZIP FORT LAUDERDALE FL

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

T Mallard Landing  
Saratoga Springs NY 12866

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

T Mallard Landing  
Saratoga Springs NY 12866

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

T Mallard Landing  
Saratoga Springs NY 12866

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 of Carolynn Johnson

1-17-99

518-581-8019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)