

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

0306344

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90095 024 ***150.00

DOCUMENT # **S82570**

1. Corporation Name
TODDLER TECH MANAGEMENT CORP.

Principal Place of Business

2124 CLIFFORD ST
FT MYERS FL 33901
US

Mailing Address

13798 NW 4 STR
STE 306
SUNRISE FL 33325
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1991

4. FEI Number

65-0288995

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 **7 Care Lane**
Suite, Apt. #, etc.

22 City & State
Saratoga Springs N.Y.

23 Zip **12866** 25 Country **USA**

2a. Mailing Address

26 **7 Mallard Landing**
Suite, Apt. #, etc.

27 City & State
Saratoga Springs N.Y.

28 Zip **12866** 30 Country **USA**

9. Name and Address of Current Registered Agent

KOSTICK, ELLIOT D, CPA
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 **DPT** ☐ DELETE
NAME **JOHNSON, CAROLYN**
STREET ADDRESS **2662 NELSON COURT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33332**

TITLE **VD** ☐ DELETE
NAME **JOHNSON, WILLIAM H**
STREET ADDRESS **2662 NELSON CT**
CITY-ST-ZIP **FT LAUDERDALE FL 33332**

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

7 Mallard Landing
Saratoga Springs N.Y. 12866

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

7 Mallard Landing
Saratoga Springs N.Y. 12866

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Carolyn M. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-99
Date

581-8019
Daytime Phone #

CR2E034 (1/98)