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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J09409

(0)

STRAWBERRY'S PARLOR, INC.

FILED Apr 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address C/O SHARON H. BRYAN 11037 SO. A1A 11037 SO. A1A JENSEN BEACH FL 34957 Mailing Address C/O SHARON H. BRYAN 11037 SO. A1A JENSEN BEACH FL 34957			-2612				
					3. Date Incorporated or Qualified 04/14/1986	3a. Date of Las 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2661704		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	1)	5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		OO May Be ed to Fees
Zip 24	Country Zip 25 29 30		Coun	Fiorida Statutes Yes No		er s. 199.032,	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	jistered Agent	
	an, John C. I ne barbara dr			Name Street Add	dress (P.O. Box Number is Not Acceptab	le)	
JENS	SEN BEACH FL 34957		1	33			
			1	14 City		FL 85 2	ip Code
office or r agent 1 a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Sta in familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida Such change was igations of, Section 607.0505, F	authorized Iorida Statu	by the corpor- tes.	rporation submits this statement for the p ation's board of directors. I hereby accep ured when teinstating)	It the appointment	as registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TIFLE	P	☐ DELETE	1.1 101	E		☐ Chang	ge 🔲 Addition
NAME	BRYAN, JOHN C.		1.2 NAN	IE 3			
STREET ADDRESS	3744 NE BARBARA DR JENSEN BEACH FL			EET ADDRESS (-ST-ZIP			
TITLE	ST	DELETE	2.1 TITE			Chang	pe Addition
NAME	BOWAN OLLOON II		2.2 NAM	- 1		•	
STREET ADDRESS	3003 SE ST. LUCIE BLVD.		2.3 STR	EET ADDRESS			
CHY-S1-ZIP	STUART FL		2. 4 CfT	Y-ST-ZIP	:		
TITLE		DELETE	3.1 TITL	E		☐ Chanç	ge Addition
NAME			3.2 NAM	18			
STREET ADORESS			3.3 STR	EET ADDRESS			
CHY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETÉ	4.1 T(T)	E		Chang	ge LAddition
NAME			4. 2 NA	VIE			J
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP		T SELECT		-ST-ZIP			
TITLE		DELETE	5.1 TITU	ļ		☐ Chang	ge 🔲 Addition
NAME			5.2 NAM	i			
STREET ADDRESS				EET ADORESS			İ
CITY-ST-7IP				-ST-ZIP		112	a lase.
TITLE		DELETE	6.1 7171			☐ Chang	ge 📙 Addition
NAME			6.2 NA	1			ļ
STREET ADDRESS				EET ADDRESS			1
C(1Y+S1+Z)P	and the deal the 'stream's and the second	ind with this filling data not a -		r-S1-ZIP	ed in Section 119 07/3\/i) Florida Statute	Limbor codif.	not the

Locality coating was the information supplied with this iming does not quality 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 12 if changed, or on any attachment with an address.

SIGNATURE:

561-229-9356 Daytime Phone #