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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J23806 (9)

1. Corporation Name
HOLLYWOOD DESSERTS, INC.

Principal Place of Business	Mailing Address
~~701 S.W. 15TH ST~~ 814 N. Broadwalk ~~BOCA RATON FL 33486-7020~~ Hollywood FL 33019	~~701 S.W. 15TH CT~~ 9685 Arbor View Dr ~~BOCA RATON FL 33486-7020~~ Boynton Beach FL 33437

3. Date Incorporated or Qualified: 07/14/1986	3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2720330	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21: 814 N. Broadwalk	26: 9685 Arbor View Dr. No.
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.
23: City & State: Hollywood Fl.	28: City & State: Boynton Beach Fl.
24: Zip: 33019 25: Country: U.S.	29: Zip: 33437 30: Country: U.S.

9. Name and Address of Current Registered Agent

ROSEN, PAUL
~~701 S.W. 15TH ST~~ 9685 Arbor View Dr
~~BOCA RATON FL 33486~~ Boynton Beach, FL 33437

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT ☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	ROSEN, PAUL	12 NAME	
STREET ADDRESS	~~701 S.W. 15TH~~ ST 9685 Arbor View Dr	13 STREET ADDRESS	9685 Arbor View Dr.
CITY-ST-ZIP	~~BOCA RATON~~ FL Boynton Beach FL 33437	14 CITY-ST-ZIP	Boynton Beach, Fl. 33437
TITLE	DPS ☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	ROSEN, IRWIN	22 NAME	
STREET ADDRESS	~~701 S.W. 15TH CT~~ 10702 Maple Chase Dr	23 STREET ADDRESS	10702 Maple Chase Drive
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Boca Raton, Fl 33498
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE _____ 4/23/97 954 923-8888