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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J28447** **(7)**

1. Corporation Name
CELEBRITY CHEESECAKE CORPORATION

Principal Place of Business	Mailing Address
~~980 S. STATE RD. 7~~ ~~MARGATE FL 33068~~	~~980 S. STATE RD. 7~~ ~~MARGATE FL 33068~~

2. Principal Place of Business	2a. Mailing Address
21 974 S. ST. RD. 7	26 974 S. ST RD. 7
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MARGATE, FL.	City & State 28 MARGATE, FL.
Zip 24 33068 Country 25 USA	Zip 29 33068 Country 30 USA

3. Date Incorporated or Qualified: 08/13/1986
3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-2707046 ☐ 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

9. Name and Address of Current Registered Agent

~~PHILLIPS, ANITA J. 980 S. STATE ROAD 7~~
~~980 S STATE ROAD 7~~
~~MARGATE FL 33068~~

10. Name and Address of New Registered Agent

81 Name: NINO DiLORETO
82 Street Address (P.O. Box Number is Not Acceptable)
83 974 S.ST. RD. 7
84 City: MARGATE FL 85 Zip Code: 33068

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: NINO DiLORETO — 3-6-96 (DATE)
Signature, typed or printed name of registered agent and the date as required. IF THE REGISTERED AGENT is an individual, the registered agent must sign.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PHILLIPS, ANITA J. 1920 SABAL PALM DR #202 FT LAUDERDALE FL ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/T NINO DiLORETO 16790 HARBOR CT. FT. LAUDERDALE, FL. 33326 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BERNSTEIN, SUSAN 1044 NW 80 TERR PLANTATION FL ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP/S 1541 NW 105th AVE PLANTATION, FL. 33322 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: NINO DiLORETO — 5-6-96 (Date) — (305) 974-3577 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0116511 CP