

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000086062 (4)**

1. Corporation Name

**FLORIDA CHOCOLATE SPECIALTIES, INCORPORATED**



Principal Place of Business

40351 US HIGHWAY 19 NORTH  
UNIT 306, TARPON LAKE CENTER  
TARPON SPRINGS FL 34689

Mailing Address

FLORIDA CHOC. SPEC. INC  
P.O. BOX 5204  
PALM HARBOR FL 34684  
US

3. Date Incorporated or Qualified  
**11/23/1994**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

24

25

29

30

4. FFL Number

**NOT APPLICABLE 59-3345578**

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

LIVINGSTON, SANDY  
10305 OSCEOLA DRIVE  
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name **WOOD, KAREN L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**43 LAKE SHORE DR.**  
83  
84 City **PALM HARBOR** FL 85 Zip Code **34684**

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

*Karen L. Wood*

Signature of typed or printed name of registered agent and the corporation

Date of Registered Agent signature (do not enter company)

**6-5-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>CTD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOOD, KAREN L</b>	
STREET ADDRESS	<b>43 LAKESHORE DRIVE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE	<b>SDD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOOD, RICHARD B</b>	
STREET ADDRESS	<b>43 LAKESHORE DRIVE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**300001866673**  
**-06/19/96--01033--033**  
**\*\*\*200.00**

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 a address.

SIGNATURE:

*Karen L. Wood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Apr. 30, 1996*

Date

CR2E034 (12/95)