

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000008800 (1)**

1. Corporation Name  
**GREAT MIRACLE DONUTS, INC.**



Principal Place of Business: **4930 N.W. 5TH AVE. BOCA RATON FL 33431**  
Mailing Address: **4930 N.W. 5TH AVE. BOCA RATON FL 33431**

3. Date Incorporated or Qualified: **01/30/1995**      3a. Date of Last Report  
4. FEI Number: **65-0556528**      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  
21 **3701 S. FEDERAL HIGHWAY**      26 Suite, Apt. #, etc.  
22 City & State: **BOYNTON BEACH, FL**      27 City & State  
23 Zip: **33435**      Country: **USA**      29 Zip      30 Country

9. Name and Address of Current Registered Agent  
**MENKHAUS, DAVID J  
4800 N. FEDERAL HWY.  
SUITE 210-A  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS	
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	
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 checked="" type="checkbox"/> Addition
1.2 NAME	<b>PRESIDENT</b>
1.3 STREET ADDRESS	<b>GERALD R. KNUEVEN</b>
1.4 CITY - ST - ZIP	<b>102 Hamilton Rd. Ridgewood, NJ 07450</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Vice President</b>
2.3 STREET ADDRESS	<b>Robert P. Knueven</b>
2.4 CITY - ST - ZIP	<b>4930 NW 5 AVE BOCA RATON, FL 33431</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Secretary / Treasurer</b>
3.3 STREET ADDRESS	<b>Sandra S. Knueven</b>
3.4 CITY - ST - ZIP	<b>4930 N.W. 5 AVE. BOCA RATON, FL 33431</b>
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	

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: *Sandra S. Knueven*      2/20/96      407-394-6549  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Time Phone #

CR2E034 (12/95)