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PROFIT. CORPORATION" ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000008800

1. Corporation Name

GREALN	AIHACLE DONUTS, INC.				
Principal Place	of Business	Mailing Address		) (\$61(32) (10 )\$10) \$11(1 98(1) 98(1) 48(1) 48(1)	is inter chist nastr mant rans
3701 S FEDERA	il HWY	1545 SW 4TH CIRCLE			
BOYNTON BCH FL 33435 BOCA RATON FL 33486 US US				DO NOT WRITE IN THIS SF	PACE
US		US		3. Date Incorporated or Qualifed	1.02
				01/30/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0556528	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country	8. This corporation owes the current year Intang	
24	25	29 30	_		Yes □No
24	9. Name and Address of Curre			10. Name and Address of New Registered Ag	ent
			81 Namr		
Young, Russell s		82 Street	Nor hat is Not Agreetable		
	SW 4TH CIRCLE				
BUC	A RATON FL 33486		83		
Til			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					
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was auff	iorized by the corboral	tion's poard of directors. I hereby accept the appointment	P-59
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SIGNATURE	Jun ell	J Claum			
ļ <u> </u>	Signature, typed or printed name of registered ag	<u> </u>	gistered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	
12.	OFFICERS A	<u> </u>	13. 1.1 TITLE	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12. TITLE NAME	P KNUEVEN, GERALD R.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	P KNUEVEN, GERALD R. 102 HAMILTON RD	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 13 STREET ADDRESS	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12. TITLE NAME	P KNUEVEN, GERALD R. 102 HAMILTON RD RIDGEWOOD NJ	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
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14. I 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 or as attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS