SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

2900 W SAMPLE RD

P95000028966 (6)

Mailing Address

5550-A LAKEWOOD CIR. C/O ANN GOLDSMITH

THE DELECTABLE DONUT FACTORY, INC.

FM 301	CH EL 99067			C/O ANN GOLDSMITH MARGATE FL 33063			DO NOT WRITE IN THIS SPACE				
POMPANO BEACH FL 33067 US			US			-	3. Date Incorporated or Qualified				
							04/13/1995				
2. Principal P	lace of Busin	ess	2a. Mailing Addre	SS	··		4. FEI Number Applied Fo				
21			26	ê			65-0576978			t Applicable	
Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.					\$8.75 A		
22			27	27			5. Certificate of Status Desired	لـــا	Fee Re		
City & State	е		City & State				6. Election Campaign Financing \$5.00 May Be				
23			28	28			Trust Fund Contribution				
Zip		Country	Zip	Co	untry		8. This corporation owes or has p	aid the curr	ent year Inta	ngible	
24	25 29			30	30		Personal Property Tax due June 30. Yes No				
	9. Name	and Address of Curr	ent Registered Agent				10. Name and Address of New F	egistered /	Agent		
GRA'	Y, GUY C				B1 Nar	ne					
	SS RD., N.			82 Street Address (P.O. Box Number is Not Acceptable)							
	RAY BEACH				82 Street Address (P.O. Box Number is Not Acceptable)						
,	WIT PETOL				83						
					84 City	1		FI	85 Zip C	ode	
11. Pursuant	to the provisi	ions of sections 607 05	02 and 607 1508. Florida	Statutes the al	nove-name	d corporation	on submits this statement for the pu	rnose of ch	anging its rec	nistered	
office or i	registered ag	ent, or both, in the Sta	te of Florida. Such chang	e was authorize	d by the c	orporation's	s board of directors. I hereby accep	t the appoir	itment as rec	jistered	
agent I a	am t am iliar w	ith, and accept the obl	igations of, section 607.0	505, Florida Sta	lutes.						
SIGNATURE .	Stoneture typed a	or printed name of registered a:	nent and title if annication	(NOTE: Regist	arad Ament eig	nature required	when reinstating)	DATE			
12.	Olgridges, types .		AND DIRECTORS	13.		instale regensor	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	D		· · · · · · · · · · · · · · · · · · ·	ETE 1.1 T					Change	Addition	
NAME	GOLDSMI	TH ANN		1.2 N				_	Change	L Addition	
STREET ADDRESS		UTH STATE ROAD	7 SHITE 12		REET ADDRE	. G14	18 LONG KEYLI	INE		11	
CITY-ST-ZIP		FL 33068	7, 00HC 12		ITY-ST-ZIP		INTON BEACH I		3343	RS IN 12 Addition	
TITLE	MATONIC	. I L 33000		ETE 2.1 T		007	10 1010 13011-11 1		<u> </u>		
NAME			\\	2.2 N		1		·	Change	Addition	
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CITY-ST-ZIP TITLE			——————————————————————————————————————		ITY-ST-ZIP				- 1		
			L DEt					L	Change	Addition	
NAME				3.2 N						i	
STREET ADDRESS					REET ADDRE	ss				J	
CITY-ST-ZIP		·	····		TY-ST-ZIP			-	-		
TITLE			L] DEL					1	Change	Addition	
NAME				4.2 N							
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CITY-ST-ZIP			<u> </u>		TY-ST-ZIP						
TITLE			L DEL					ļ	Change	Addition	
NAME				5.2 N		1				}	
STREET ADDRESS				5.3 S1	REET ADDRES	SS					
CITY-ST-ZIP				5.4 C	TY-ST-ZIP						
TITLE			DEL	ETE 6.1 TI	TLE			[Change	Addition	
NAME				6.2 N	AME						
STREET ADDRESS				6.3 \$1	REET ADDRES	ss					
CITY-ST-ZIP					TY-ST-ZIP						
14. I hereby ce	rtify that the i	information supplied wi	th this filing does not qua	lify for the exem	otion state	in section	119.07(3)(i), Florida Statutes. I furi	her certify th	at the inform	nation	
an officer o	or director of 1	the corporation or the	eceiver or trustee empor	vered to execute	this repo	riacore sna rias requir	all have the sa me legal effect as if ed by Chapter 607, Florida Statute	made und er s; and that !	ny name apr	Dears	
in Block 12	or Block 13	If changed or on an a	ttachment with an address	s.		•	- ,				
SIGNAT	IIDE:	(Latar	Mellen	J. S. How			9-12-98	19.00)975-s	-970	
SIGITAL	UNE.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		1 10 14	7 7 Y 7	/ / / / ()	U	

FILED

Oct 01 1998 8:00am

Secretary of State