

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 07 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000094260 (2)

1. Corporation Name
DOWNTOWN DONUTS, INC.

Principal Place of Business
3390 W. HILLSBORO BLVD
DEERFIELD BEACH FL 33442

Mailing Address
20256 HACIENDA COURT
BOCA RATON FL 33498



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|----------------------|---------------------|-------------|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/18/1996 | |
| 21 | 100 E. Broward Blvd. | 25 | | 4. FEI Number 65-0718303 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 23 | Ft. Lauderdale FL | 28 | | | |
| 24 | Zip 33317 | 29 | Country USA | 30 | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent CAPOTE, BEATRIZ M 1101 BRICKELL AVENUE 17TH FLOOR MIAMI FL 33131 | | 10. Name and Address of New Registered Agent 81 Name Dunkin Donuts 82 Street Address (P.O. Box Number is Not Acceptable) 1405 S. ... 83 ... 84 City Pompano Beach FL 85 Zip Code 33069 | |
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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 *[Signature]* *[Signature]* 6-10-98
Signature: typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

| | | | |
|----------------------------|-----------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOGHADDAM, MANUOCHEHR | 1.2 NAME | |
| STREET ADDRESS | 20256 HACIENDA COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33498 | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAHEDI, HAMID R | 2.2 NAME | |
| STREET ADDRESS | 19832 DINNER KEY DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33498 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 on an attachment with an address.

CR2E034 (10/97)