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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020913 (4)

SOUTH FEDERAL HIGHWAY DONUTS, INC.

Principal Place of Business	Mailing Address
20256 HACIENDA CT	20256 HACIENDA CT
BOCA RATON FL 33498	BOCA RATON FL 33498

FILED Jul 07 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

				03/03/1997				
	lace of Business	2a. Mailing Address	J	4. FEI Number	Applied For			
21 157	9 S. Federal Huy	26		65-0756307	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional			
22		27		D. Commodic of Status Doubles	Fee Required			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
23 Ft	(anderdall F)	[28]		Trust Fund Contribution	Added to Fees			
Zip	Country	Zipi	Country	8. This corporation owes or has paid the cur				
24 333	25 USA 9. Name and Address of Current I		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes 2 No			
		Jahrsteren Want	81 Name	10. Name and Address of New Registered	Agent			
	POTE, BEATRIZ M		1 1 20	unkin Donuts _				
	1101 BRICKELL AVE			82 Street Address (P.O. Box Number is Not Acceptable)				
	H FLOOR		83	05 S. PoverLine	ICH.			
MIA	MI'FL 33131		03					
			84 City ()	0	85 Zip Code			
			. 10M	ngano Beach FL	33064			
11. Pursuant 1	lo the provisions of Sections 607.0502 a poi ster ed agent, or both, in the State of	and 607.1508, Florida Statutes Elorida, Such change was au	s, the above-named corp	or in or submits this statement for the purpose of ion's board of directors. I hereby accept the app	changing its registered			
agent. I ar	m fami liar with, and accept the obligation	ons af, Section 607.0505, Flori	ida Statutes	, , , , , , , , , , , , , , , , , , , ,	•			
SIGNATURE F. C. Lelec MAMID R. ZAMEDI 6-10-98								
L	Signature, typed or printed name of registered agent a	and title diapplic able (NOTE	Registered Agent signature require	· · · · · · · · · · · · · · · · · · ·				
12.	OFFICERS AND E		13.	ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition			
NAME	Molmoom, no	HOCKEAN	12 NAME					
STREET ADDRESS	LULVE MACIENDA		1.3 STREET ADDRESS					
CITY-ST-ZIP	BUENT RATION, P	DERETE	1.4 CITY - S1 - ZIP					
TITLE	√ ,	∟ DEL€TE	2.1 TITLE		☐ Change ☐ Addition			
NAME	2 Minosi, Marce	PRI	2.2 NAME					
STREET ADDRESS	19832 DILYNOR	KEY DRIVE	2.3 STREET ADDRESS					
CITY-ST-ZIP	2 Metadi, MAMILE 19632 DILYHORE BORA RATON, 1	2 2748	2. 4 CHY - ST - ZIP	<u> </u>				
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition			
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREET ADDRESS					
CITY-ST-ZIP			3 4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		Change Addition			
NAME (4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 City-St-ZiP					
TITLE		DELETE	5.1 TITLE		Change Addition			
NAME]			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-SF-ZIP			54 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE		Change Addition			
NAME		-	6.2 NAME	60000258412	26 YZ/			
STREET ADDRESS			6.3 STREET ADDRESS	60000258412 -07/09/980103202	9 ノガンし			
CITY-ST-ZIP			6.4 CITY-ST-7IP	***150.00	17			
GIT-SI-ZIP			0.4 6111-51-717	140.07(0)(C) Fr. 14.00	L L			

14. Thereby 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 supplicated annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.

MICHATURE W/ // A Hamid P - AUF DI

4-28-98

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