

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0122914

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV -1 AM 10:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000020099
 1. Corporation Name
HEAVENLY DELIGHTS, INC.



Principal Place of Business: 5584 WEST SAMPLE RD, MARGATE FL 38073
 Mailing Address: 5584 WEST SAMPLE RD, MARGATE FL 38073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5584 WEST SAMPLE RD
 2a. Mailing Address: 716 CARRIAGE LANE
 21. Suite, Apt. #, etc.
 22. City & State: MARGATE FL
 23. Zip: 33073
 24. Country
 25. City & State: FRANKLIN LAKES NJ
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip: 07417-1526
 29. Country
 30. 3. Date Incorporated or Qualified: 03/02/1998
 4. FEI Number: 65-0815866
 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 owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent: GOLDSTEIN, MARK B, 2255 GLADES ROAD SUITE 236W, BOCA RATON FL 33431
 10. Name and Address of New Registered Agent: 81 Name: SHAHRAM KETABCHI, 82 Street Address: 5584 WEST SAMPLE ROAD, 83, 84 City: MARGATE FL, 85 Zip Code: 33073-3473

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] PRES. 09/12/99
 DATE: 09/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: KETABCHI, SHAHRAM STEVE STREET ADDRESS: 5584 WEST SAMPLE RD CITY-ST-ZIP: MARGATE FL 38073	<input type="checkbox"/> DELETE	1.1 TITLE: PRESIDENT 1.2 NAME: KETABCHI SHAHRAM 1.3 STREET ADDRESS: 5584 WEST SAMPLE ROAD 1.4 CITY-ST-ZIP: MARGATE FL 33073-3473	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GOLDSTEIN, MARK B STREET ADDRESS: 2255 GLADES ROAD SUITE 236W CITY-ST-ZIP: BOCA RATON FL 33431	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: 500003038885-9 2.2 NAME: -11/03/99--01008--006 2.3 STREET ADDRESS: ***550.00 ***550.00 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		3.2 NAME:	
TITLE: <input type="checkbox"/> DELETE		3.3 STREET ADDRESS:	
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TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		4.2 NAME:	
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TITLE: <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP:	
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TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		6.2 NAME: KE	
TITLE: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE		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)(l), 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: [Signature] PRES. 09/12/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)