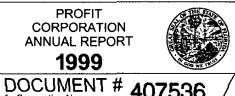
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90001 018 ***550.00

1. Corporatio	n Name	ν. Υ						
QUICK S	SNACKS COMPANY	•						
						1 100 PH 01011 00 PH 10001 01100 11110 0 PH 01101	E16)1 61311 516)1	81811 JY871 1881
		•		,				
Principal Place of Business Mailing Address						- r short dine capti inch dien cien biti dien	Billi Albii Atali	RIBEL BIBLI 1881
2118 COLLINS COURT 2118 COLLINS COURT								
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020						DO MOTIMOITE IN THE COMO		
						DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE	
						09/25/1972		
Principal Place of Business 2a. Mailing Address					1	4. FEI Number Applied For		
21 21	Tace of Dosifiess	26				59-1411885		ot Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.			\$8.75 Additional		
22	27				5. Certificate of Status Desired Fee Required			
City & State City & State					·····	6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year		7
24	25 29 30		30			Intangible Personal Property. Yes No		
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered	d Agent	
MAL	ONEY, MICHAEL H			"	Name			
5021 TAYLOR STREET				82 Street Addre		ess (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021				83				
	2111002123021							
				84	City	F	85 Zip	Code
11 Dunning	A to the provisions of sections 607.05/	22 and 607 1509 Elorida Statut	os the ab		amod comor			enistered
office or	registered agent, or both, in the State	e of Florida. Such change was	authorize	d by t	the corporatio	ation submits this statement for the purpose of on's board of directors. I hereby accept the app	pintment as re	egistered
		gations of, section 607.0505, FI	orida Stat	tutes.		8/02	199	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registe	red Age	ent signature requi	red when reinstating) DATE		
12.		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	P DELETE		1.1 TI	TLE		,	Change	Addition
NAME	MALONEY, MICHAEL H		1.2 NA	1.2 NAME				-
STREET ADDRESS	5021 TAYLOR ST		1.3 ST	REETA	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			TY-ST-Z	ZIP	<u> </u>		,
TITLE	\$	DELETE		2.1 TITLE			Change	Addition
NAME	T	MALONEY, GLORIA M		2.2 NAME				
STREET ADDRESS	5013 CLEVELAND ST.				DDRESS			
CITY-ST-ZIP	HOLLYWOOD FL VT		2.4 CT 3.1 TT	TY-\$T-Z	ZIP		Chance	Addition
TITLE	1 * *	L DELETE	3.1 H				Change	Addition
NAME STREET ADDRESS	MALONEY, MARK 6331 COOLIDGE		•		DORESS			
CITY-ST-ZIP	HOLLYWOOD FL			TY-ST-Z]			
TITLE	HOLEIWOODIE	DELETE	4,1 TI				Change	Addition
NAME		F→ perese	4.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-\$T-2				
TITLE		DELETE	5.1 TI				Change	Addition
NAME		<u> </u>	5.2 NA	AME			_ ,	
STREET ADDRESS			5.3 ST	REETA	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST-Z	ZIP			
TITLE		DELETE	6.1 TIT	TLE			Change	Addition
NAME			6.2 NA	AME				
STREET ADDRESS			6.3 ST	REETA	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 of 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 compration or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE: