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 # 591204

(3)

FILED Apr 14 1998 8:00am Secretary of State

INCRE	DIBLE EDIBLES, INC.	, ,			
Principal Place of Business Mailing Address					<u> </u>
618 DREW STREET CLEARWATER FL 34615-4108 618 DREW STREET CLEARWATER FL 34615-4108			08	DO NOT WRITE IN THE	S SPACE
				Date Incorporated or Qualified 10/25/1978	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1860701	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 337	GG Country	33155	Country	8. This corporation owes or has paid the c	urrent year Intangible
24 22 (25 25 Name and Address of Curi	[29]	0]	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
DA.		eur uodiatolog Wastif	81 Name	IV. Hanne and Acciess of New Registers	a Ohain
BUMSTEIN, NANCT					
DUNEDIN FL 34698			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	11EDIN 1 C 07090		83	**************************************	
			84 City	F	85 Zip Code
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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE.					
SIGNATURE.	Signature, typed or profind name of registered	agent and title if applicable (NOTE: I	Registered Agent signature requi	red when reinstating) DATE	
12.	processing the contract of the	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PDS	L] DELETE	1.1 TITLE		Change Addition
NAME	BOMSTEIN, NANCY		1.2 NAME		
STREET ADORESS	618 DREW STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CLEARWATER FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	······································	Change Addition
NAME	BOMSTEIN, NANCY		2.2 NAME		
STREET ADDRESS	618 DREW STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-\$T-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		☐ DELETE	4.4 CiTY-ST-ZIP		Change Addition
TITLE NAME		□ bett it	5.1 TITLE 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	5.4 CHY-SI-ZIP 6.1 TITLE		Change Addition
NAME .		— ·	6.2 NAME		<u> </u>
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$1-ZIP			6.4 City-St-ZiP		
	parlify that the information supplied	multi this films does not smaller for		Section 110 07/3Vi) Florida Statutas I further	sortify that the information

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 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 I changed, or on an machinent with an address

4-6-98 (812)4

(812)441-2010