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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 631234

1. Corporation Name

THE ORIGINAL GRIMALDI CANDIES, INC.

## Apr 09, 1999 8:00 am Secretary of State 04-09-1999 90030 007 \*\*\*150.00

THE OHIGHNEST OF HOLEST HOS								
Principal Place	of Business	Mailing Address				1 (自然)(15 中川市市 (17年) (17年) (17年) (1747 中)(17 日)(17 日)		· -·-·· · • • ·
815 E STRAWBRIDGE AVE 815 E STRAWBRIDGE AVE								
MELBOURNE FL 32901 MELBOURNE FL 32901					Ì	DO NOT WRITE IN THIS	SPACE	
US					}	3. Date Incorporated or Qualifed		
						07/19/1979		
2. Principal Place of Business 2a		2a. Mailing Address			4. FEI Number	Ap	plied For	
21 26 26		<b>⊢</b> , •				59-1935932		ot Applicable
Suite Apt.#.etc Suite: Apt.#.etc						<b>\$8.75</b>	Additional	
22 27					5. Certifcate of Status Desired	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added 1	to Fees	
Zip	<u> </u>		Country			8. This corporation owes the current year Int		_
24	25	29 3	:0			Personal Property Tax.	∐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
core	OF CADY B		8	11 Name				
FRESE, GARY B.			8	2 Street	Address	s (P.O. Box Number is Not Acceptable)		
930 S HARBOR CITY BLVD		•	<u> </u>					
SUITE 505			3	3				
MELI	BOURNE FL 32901		8	4 City			85 Zip	Code
							<u>-                                    </u>	
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	Slandura board or editord name of registered scent	and title if applicable (NOTE: R	tegistered A	gent signature r	required wi	nen reinstating) DATE		l :
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DE IN 12
πιε	PD					ADDITIONS/CITAINGES TO OFFICE ROAD	10 01110	JKS IN IZ
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS