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

PROFIT FLORIDA DEPARTMENT OF STATE Apr 16, 1999 8:00 am Secretary of State CORPORATION Katherine Harris ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1999 04-16-1999 90077 007 ***150.00 DOCUMENT # F46073 Cookies R'US, INC. Principal Place of Business
4118-48th Ave South Mailing Address SAME St. Pete, FL 33711 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 8.-This corporation owes the current year-Intangible-30 24 ☐ Yes Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Richard Foreman 4118-48th Ave So. Name Street Address (P.O. Box Number is Not Acceptable) 83 St. Pete, FL. 33711 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE President ☐ Change TITLE 1.1 TITLE Richard Lee Foreman 4118-48th AVE SO. 54. PETE, FL. 33711 NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change Addition TITLE 2.1 TITLE TUDITH H. FOREMAN 4(18-48th AVESO. St. PETE, FL 33711 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CiTY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP ☐ DELETE 5.1 TITLE ☐ Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 13 if changed, or on an attachment with an address with all other like empowered.

3-31-99 727-866-1631