

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90054 032 ***150.00

DOCUMENT # F96000001809

1. Corporation Name

AMERICAN COOKIE RETAILERS, INC.

Principal Place of Business

2022 POWERS FERRY ROAD #240
ATLANTA GA 30339

Mailing Address

2022 POWERS FERRY ROAD #240
ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1996

4. FEI Number

65-0650864

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 7350 S TAMiami TR.

26 7350 S TAMiami TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 212

27 212

City & State

City & State

23 Sarasota FL

28 Sarasota

Zip Country

Zip Country

24 34231

29 FL 34231

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEWELL, SUSAN B
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. 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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME KARP, RICHARD
STREET ADDRESS 7507 SOUTH TAMiami TRAIL SUITE 212
CITY-ST-ZIP SARASOTA FL 34231

1.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME KARP, TAMMY
STREET ADDRESS 7507 SOUTH TAMiami TRAIL SUITE 212
CITY-ST-ZIP SARASOTA FL 34231

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME KARP, ARTHUR
STREET ADDRESS 7507 SOUTH TAMiami TRAIL SUITE 212
CITY-ST-ZIP SARASOTA FL 34231

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-99 941-346-0346

CR2E034 (11/98)