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 # G02231

1. Corporation Name

FANCY DESSERTS, INC.

Principal Place of Business

Mailing Address

7527 INTERNATIONAL DR

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90219 029 ***150.00



ORLANDO FL 32819		(ORLANDO FL 32819		DO NOT WRITE IN T	LIC CDACE	
	and the second			DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed 10/07/1982		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21 7425	CONLOY WINDERMERE	26 PO BOX61	7528	59-2228033	~ Not	Applicable -
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22 KONAN		27		5. Certificate of States Desired	Fee Rec	uired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
23 ORLANDO, FL		28 ORLANDO, FL		Trust Fund Contribution	Added to	Fees
Zip Country 25 25		Zip Country 29 3 2861 30		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24 /	9. Name and Address of Current	. 		10. Name and Address of New Register	red Agent	
· · · · · · · · · · · · · · · · · · ·			81 Name			
LIGGATT, PETER A.J. DR.			82 Street Address (P.O. Box Number is Not Acceptable)			
08LANDO FL 32819 WINDERMERE RA			2. Street Add	iless (F.O. Dox (40mber is 140t Acceptable)		
ORL	ANDO FL 32819 (NINDERMERE R	A 83			
		achnoo, FL328	35		85 Zip C	odo
		•			▀ L ▕▔▎ `	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	ne above-named con	poration submits this statement for the purpos	e of changing its r	registered
office or re	egistered agent, or both, in the State of	Florida, Such change was author ons of, Section 607,0505, Florida	rized by the corporati Statutes.	ion's board of directors. I hereby accept the a	ppointment as reg	listered
	10	2., 200,0 00, 10000, 1121122		2/11/9	19	}
SIGNATURE	Signature types or printed name of registered agent a	and title if applicable. (NOTE: Regis	stered Agent signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	LIGGATT, SUSANNE V.	i	1.2 NAME			
STREET ADDRESS	2100 BRENTLEY PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	LIGGATT, PETER A.J. DR.		2.2 NAME			
STREET ADDRESS	2100 BRENTLEY PLACE	1	2.3 STREET ADDRESS	- · ·		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE		Change	☐ Addition
NAME			3.2 NAME			ľ
STREET ADDRESS			3.3 STREET ADDRESS			ļ
CITY-ST-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			4.4 CITY-ST-ZIP			
TITLE		_	5.1 TITLE		: Change	☐ Addition
NAME			5.2 NAME			Ì
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
		☐ net ette	6 t TITLE		□ Change	Addition I

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 one attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Daytime Phone #