

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 19 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200000100400042
00725770-01105-016
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT

1. Corporation Name

G43546

MISSOURI DONUTS, INC.

Principal Place of Business

Mailing Address

600 SO. MISSOURI AVE
CLEARWATER, FL. 33516

3. Date Incorporated or Qualified
05-01-83

3a. Date of Last Report
05/01/1994

4. FEI Number
05-0425180

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 has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOTELHO, NORBERTO S
2133 COLLINSWOOD CT.
NEW PORT RICHEY, FL

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

Norberto Botelho

NORBERTO S. BOTELHO, PRES.

7/5/95

(Type or print typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME BOTELHO, NORBERTO S
STREET ADDRESS 2133 COLLINSWOOD CT.
CITY, ST, ZIP NEW PORT RICHEY, FL.

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE STD
NAME BOTELHO, MARIA
STREET ADDRESS 2133 COLLINSWOOD CT.
CITY, ST, ZIP NEW PORT RICHEY, FL.

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

Norberto Botelho

NORBERTO BOTELHO, PRES. 4/27/95

(Type or print typed or printed name of signing officer or director)

Date

(Section 607.03)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

AMERICAN CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 5/24/95

May 24 PM 12:21

SECRETARY OF STATE
 REPLY TO: 800.75.FLORIDA

DOCUMENT # **G53977**
 1. Corporation Name
Ovo Products Corp.

Principal Place of Business Mailing Address
2401 Broadway **10088 Daisy Av.**
West Palm Beach, FL **Palm Beach Gardens,**
33407 **FL 33410**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21. **2401 Broadway** 26. **10088 Daisy Av.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22. 27.
 23. **West Palm Beach, FL** 28. **Palm Beach Gardens**
 City & State City & State
 24. **33407** 25. **USA** 29. **33410** 30. **USA**
 Zip Country Zip Country

3. Date Incorporated or Qualified 3a. Date of Last Report
August 1983 **7/11/95**
 4. Filr Number Applied For
59-2318448 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution
 8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Brian Kloeckner
4305 Appian Way
Green Acres, FL 33463

10. Name and Address of New Registered Agent
 81. Name **Blaine Kloeckner**
 82. Street Address, P.O. Box Number (if Not Acceptable)
10088 Daisy Av.
 83.
 84. City **Palm Beach Gardens** 85. Zip Code
FL 33410

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 is 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: **Blaine Kloeckner** DATE: **7/29/95**
Signature of agent or printed name of registered agent and title if applicable (807) Registered Agent signature required when installing DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | President Director |
| NAME | Blaine Kloeckner |
| STREET ADDRESS | 10088 Daisy Palm Beach Gardens, FL 33410 |
| CITY, ST, ZIP | |
| TITLE | Secretary Director |
| NAME | Blaine Kloeckner |
| STREET ADDRESS | 10088 Daisy Av. Palm Beach Gardens, FL 33410 |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 14. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15. NAME | 100001545261 |
| 16. STREET ADDRESS | -07/25/95--01058--013 |
| 17. CITY, ST, ZIP | *****61.25 *****61.25 |
| 18. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19. NAME | |
| 20. STREET ADDRESS | |
| 21. CITY, ST, ZIP | |
| 22. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23. NAME | |
| 24. STREET ADDRESS | |
| 25. CITY, ST, ZIP | |
| 26. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27. NAME | |
| 28. STREET ADDRESS | |
| 29. CITY, ST, ZIP | |
| 30. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31. NAME | |
| 32. STREET ADDRESS | |
| 33. CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.07(1)(b), Florida Statutes. I further certify that the information submitted 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 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 of Block 13 of this report, or as an attachment with an address.

SIGNATURE: **Blaine Kloeckner** DATE: **7/29/95** (407) 832-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (YEAR)