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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # G73939

(2)

CONEY ISLAND TREATS, INC.

| Mailing Address   | 1 1004111 0014 101 |
|-------------------|--------------------|
| 000 115 400711 07 |                    |

**FILED** May 11 1998 8:00am Secretary of State



| T III POIDALT IBC                              | e or business                                       | Mailing Address                  |   |  |  |
|--|---|----------------------------------|---|--|--|
| 250 NE 167TI                                   | H ST<br>II BEACH FL 33162                           | 250 NE 167TH ST                  | . 20100   |  |  |
| THOTHER MINN                                   | II BENOTI FL 33102                                  | NORTH MIAMI BEACH F              | L 33162   |  | DO NOT WRITE IN THIS SPACE   |
|  |   |                                  |   |  | 3. Date Incorporated or Qualified  |
|  |   |                                  |   |  | 12/15/1983   |
| 2. Principal P                                 | lace of Business                                    | 2a. Mailing Address              |   |  |  |
| 21 25  | 0 N€ 167 X  | 26 SAM                           | 1   |  | 7,00100101   |
| Sulte, Apt.                                    |   | Suite, Apt. #, etc.              | <u> </u>  |  | 59-2361325   Not Applicat  |
| 22   |   | 27                               |   |  | 5. Certificate of Status Desired S8.75 Additional Fee Required   |
| City & State                                   | giani Bele 79                                       | City & State                     |   |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |
| Zip  | Country   | Zip                              | Countr  | ······································ | 7,000  |
| 24 331   | 62 25 Na 100  | 29                               | 30  | ,<br>                                  | This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.   |
|  | 9. Name and Address of Current                      | Registered Agent                 |   | т                                      | 10. Name and Address of New Registered Agent   |
|  | Senbaum, Donald                                     |                                  | B1  | Name                                   |  |
| 250 NE 167TH STREET NORTH MIAMI BEACH FL 33162 |   | 82                               | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |
| , 110  | MITT MIAMI DEACH LE 33102                           |                                  | 83  |  |  |
|  |   |                                  |   |  |  |
|  |   |                                  | 84  | 1 7                                    | FL 85 Zip Code   |
| 11. Pursuant t                                 | to the provisions of Sections 607.0502              | and 607.1508, Florida Statut     | les, the abov   | e-named o                              | cornoration submits this statement for the nurrose of changing its registers   |
| agent. I a                                     | m familiar with, and accept the obligation          | tions of, Section 607.0505, FI   | orida Statute   | у ш <del>ю</del> согр<br>8.            | oration's board of directors. I hereby accept the appointment as registered  |
| SIGNATURE                                      |   |                                  |   |  |  |
|  | Signature, typed or printed name of registered agen |                                  |   | ent signature r                        | required when reinstating) DATE  |
| 12,  | OFFICERS AND  |                                  | 13.   | ····                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE  | PD  | ∐ DELET <b>e</b>                 | 1,1 TITLE   |  | ☐ Change ☐ Addition  |
| NAME   | ROSENBAUM, BARBARA                                  |                                  | 1.2 NAME  |  |  |
| STREET ADDRESS                                 | 250 NE 167TH ST                                     |                                  | 1.3 STREET  | ADDRESS                                |  |
| CITY-ST-ZIP                                    | NORTH MIAMI BEACH FL                                |                                  | 1.4 CITY-5  | ST-ZIP                                 |  |
| TITLE  | VŠT   | ☐ DELETE                         | 2.1 TITLE   |  | Change Addition  |
| NAME   | ROSENBAUM, DONALD                                   |                                  | 2.2 NAME  |  |  |
| STREET ADDRESS                                 | 250 NE 167TH ST                                     |                                  | 2.3 STREET  | ADDRESS                                | ,  |
| CITY-ST-ZIP                                    | NORTH MIAMI BEACH FL                                |                                  | 2.4 CITY-   | ST-ZIP                                 |  |
| TITLE  |   | ☐ DELETE                         | 3.1 TITLE   |  | ☐ Change ☐ Addition  |
| NAME   |   |                                  | 3.2 NAME  |  |  |
| STREET ADDRESS                                 |   |                                  | 3.3 STREET  | ADDRESS                                |  |
| CITY-ST-ZIP                                    |   |                                  | 3.4. C(TY-  | ST-ZIP                                 |  |
| TITLE  |   | DELETE                           | 4.1 TITLE   |  | Change Addition  |
| NAME   |   |                                  | 4. 2 NAME   |  |  |
| STREET ADDRESS                                 |   |                                  | 4.3 STREET  | ADDRESS                                |  |
| C/TY-ST-ZIP                                    |   |                                  | 4.4 CITY - S  |  |  |
| TITLE  |   | DELETE                           | 5.1 TITLE   |  | Change Addition  |
| NAME   |   |                                  | 5.2 NAME  |  |  |
| STREET ADDRESS                                 |   |                                  | 5.3 STREET  | ADDRESS                                |  |
| CITY-ST-ZIP                                    |   |                                  | 5.4 CITY-S  |  |  |
| TITLE  | <del></del>   | DELETE                           | 6.1 TITLE   | LW .                                   | ☐ Change ☐ Additio   |
| NAME   |   |                                  | 6.2 NAME  |  | Final Application of the Applica |
| STREET ADDRESS                                 |   |                                  | 6.3 STREET  | VUIDBEGG                               |  |
| CITY-ST-ZIP                                    |   |                                  |   |  |  |
|  | erlify that the information supplied with           | this filing does not qualify for | 6.4 CITY - S<br>or the exemp                          | ion stated                             | in Section 119.07(3)(i), Florida Statutes. I further certify that the information  |
| indicated of                                   | on this annual report or supplemental               | annual raport is true and acc    | urete end th  | asin stated                            | in Section 119.07(3)(1), niorida Statutes. I further certify that the information isture shall have the same lengt effect as if made under eath; that I am an  |

indicated of this afficial report of supplemental afficial report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes; and their my name appears in Block 12 or Block 13 if changed or on an attachment with an address.