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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 28 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # G93268

(2)

POTATO SACK KIDS, INC.

CHY-ST-ZIP

SIGNATURE

appears in Block 12 or Block 13 if changed, or on an attact

Principal Place of Business Mailing Address S JAMES A. DEHN **%** JAMES A. DEHN 7108 E. TROPICAL WAY-7100 E. TROPICAL WAY PLANTATION PL 33317-3919 PLANTATION FL 33317 3. Date incorporated or Qualified 3a. Date of Last Report 03/27/1984 04/18/1996 2. Principal Place of Busine, 2a. Mailing Address 4. FEI Number Applied For 21-3288583 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DEHN. JAMES A. 7106 E. TROPICAL WAY 62 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33317** В3 84 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. Lam familiar with, and accept the obligations of Section 607 0505. Florida Statutes. 12 OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) SD ☐ DELETE THEF 1.1 TITLE Change Addition DEHN. JAMES A. NAME 1.2 NAME 7100 E. TROPICAL WAY STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 1.4 CITY - ST - ZIP CITY-ST-ZIP TALE 2.1 TITLE Change Addition DEHN. MARY R. 22 NAME -7106 E. TROPICAL-WAY STREET ADORESS 2.3 STREET ADDRESS PLANTATION FL 01") - ST - ZIP 2.4 CITY-ST-ZIP 1.048 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHEN-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE THE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS Citti - ST- ZIP 5.4 CITY - ST- ZIP DELETE TUTLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

6.4 CITY - ST-ZIP 14. I do 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 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