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

FILED Apr 22 1998 8:00am Secretary of State

DOCUMENT # H82506 (7) THE ORIGINAL COMPANY PICNIC COMPANY					
Principal Place of Business Mailing Address					0(0) 0 0 0 0 0 0
		10240 STATE RD 84			
DAVIE FL 33324 DAVIE FL 33324		DAVIE FL 33324		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	OT NO.
				10/24/1985	
	Nace of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		59-2594280	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25 9. Name and Address of Current		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes X No
Od N.					
4450 W HILL SPORO RIVO			1. 1	ean A. Bennett	
COCONUT CREEK FL 33065			176	ress (P.O. Box Number is Not Acceptable)	N_{i}
83					
84 City,				calcatalog El	85 Zip Corle
84 City Loxahatchee FL 85 33 470 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 207,0505, Florida Statutes.					
SIGNATURE Dean A. Bennett Stellin Holmett 4/14/98					
	Signature, typed or printed name of registered agent		Registered Agent signature requi	red when reinslating) DALE	
12. TITLE	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	
NAME	BE NNETT, DEAN A.		1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	17670 37TH PLACE N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL		1.4 CITY-ST-ZIP		
TITLE	DS	DELETE	2.1 TITLE		Change Addition
NAME	BARKULOO, VERNON		22 NAME		
STREET ADDRESS	\$225 153RD AVE, N.W.		2 3 STREET ADDRESS		
CITY-ST-ZIP	ANOKA MN		2. 4 CITY-ST-ZIP		
TITLE	DT JOANNE OLSON	☐ DELETÉ	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDROGGE	755 N.E. BTH ST.		3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	FAIRBAULT MN		3.3 STREET ADDRESS		
TITLE	1 2 44 102 102 1111	☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		_ ·	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	=	DELETE	5.4 CITY-ST-ZIP		01
NAME			6.1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		j
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST- ZIP		
	ertify that the information supplied with	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the information

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 certavation 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.

CICHATURE

4/14/98 (954)472-757