


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # H83590 (0)</b>		
1. Corporation Name <b>COUSINS' KITCHEN, INC.</b>		



Principal Place of Business <b>6882 NW 20 AVENUE FORT LAUDERDALE FL 33309</b>	Mailing Address <b>6882 NW 20 AVENUE FORT LAUDERDALE FL 33309</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 6882 NW 20<sup>th</sup> Ave</b>		2a. Mailing Address <b>26 6882 NW 20<sup>th</sup> Ave</b>		3. Date Incorporated or Qualified <b>11/01/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2635711</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State <b>23 Ft Lauderdale Fla</b>		City & State <b>27 Ft Lauderdale Fla</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24 33309</b>	Country <b>25 Broward</b>	Zip <b>28 33309</b>	Country <b>30 Broward</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>GREEN, ALAN MARC 2500 HOLLYWOOD BLVD SUITE 212 HOLLYWOOD FL 33020</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent					

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 *Alan Marc Green* DATE **9/17/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBERA, ANTHONY	1.2 NAME	
STREET ADDRESS	5859 NW 74 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33087	1.4 CITY-ST-ZIP	
TITLE	VOT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBERA, DENISE	2.2 NAME	
STREET ADDRESS	5859 NW 74TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 on an attachment with an address.

CR2E034 (4/97)