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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90004 022 ***150.00

DOCUMENT # **J26993** 1. Corporation Name

CHARLIE'S PASTRIES, INC.

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Principal Place	e of Business	Mailing Ad	ldress				t (SB)(ild ever trêts filve cares	12129 41411 8	1811 61611 61611	#1511 41511 1641
3430 NW 16TH STREET 3430 NW 16TH			6TH STREET			[.				
SUITE 10 SUITE 10			- · ·				DO NOT WRITE IN THIS SPACE			
LAUDERHILL FL 33311 LAUDERHILL FL 33311 US US					3 Date	Incorporated or Qualife		3r AGE		
1 03		03				1 -	•	•		
 		N- M-10-	Address			4. FEI	31/1986		·····	-lied For
	lace of Business	2a. Mailing	Address			"" "	* *			oplied For
21		26				59-	2696890			ot Applicable
Suite, Apt.	#, etc.	_	Apt. #, etc.			5. Cert	ifcate of Status Desired			Additional equired
22		27								
City & State		City & State			•	6. Election Campaign Financing \$5.00 May Be Added to Fees				
23		28		0			t Fund Contribution			to rees
Zip	Country	Zip	_	Country			corporation owes the cu	rrent year Int		A.
			0	Personal Property Tax. 10. Name and Address of New Register				Yes	XN0	
ļ . 	9. Name and Address of Curre	nt Registered A	gent	-		10. Nan	e and Address of New	Registered	Agent	
, noo	THE CHARLES E			81	Name					
BOOTHE, CHARLES E.				82	Street	Address (P.O. B	ox Number is Not Accep	table)		
3430 NW 16TH STREET						· · · · · · · · · · · · · · · · · · ·				
	E 10			83						
[LAUI	DERHILL FL 33311				0.1				as Zin	Cada
				84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508	. Florida Statutes	, the above	-named	corporation sub	mits this statement for th	e purpose of	changing its	registered
effice or re	egistered agent, or both, in the State	of Florida. Such	i change was auth	norized by	the corpo	oration's board o	of directors. I hereby acc	ept the appoi	ntment as re	egistered
į agent. i ai	m familiar with, and accept the obliga	ations of, Section	1 607.0305, Flotiu	a Statutes.	-					i
,										
SIGNATURE	Eleantre trade a minted area of incidental and	ont and title if applicable	(MOTE: R	egistered Agen		actived when reinstati	00)	DATE		
	Signature, typed or printed name of registered age					equired when reinstati		DATE FFICERS AN	ID DIRECTO	ORS IN 12
12.	OFFICERS AN	ent and title if applicable		13.			ng) TIONS/CHANGES TO O		DIRECTO	DRS IN 12
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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 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, with all other like empowered.

6.3 STREET AODRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP