

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K00096 (3)

1. Corporation Name

CRAZY CAKES INC.



Principal Place of Business

Mailing Address

~~21346 SAINT ANDREWS BLVD.~~
~~STE 120~~
~~BOCA RATON FL 33433-2432~~
~~US~~

~~21346 SAINT ANDREWS BLVD.~~
~~STE 120~~
~~BOCA RATON FL 33433-2432~~
~~US~~

3. Date Incorporated or Qualified
10/30/1987

3a. Date of Last Report
10/26/1995

2. Principal Place of Business

2a. Mailing Address

21 2621 N. Federal Hwy
Suite, Apt. #, etc.

26 2621 N. Federal Hwy
Suite, Apt. #, etc.

22 T

27 T

City & State

City & State

23 Boca Raton

28 Boca Raton

Zip Country

Zip Country

24 33431

25 Palm Beach

29 33431

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCIALLO, CAROLE

~~21346 ST. ANDREWS BLVD.~~

~~STE 120~~

~~BOCA RATON FL 33434-2432~~

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SCIALLO, CAROLE
STREET ADDRESS 21346 ST. ANDREWS BLVD., STE. 120
CITY-ST-ZIP BOCA RATON FL 33433-2432

TITLE D ☐ DELETE
NAME STAMPORA, CHARLENE
STREET ADDRESS 21346 ST. ANDREWS BLVD., STE. 120
CITY-ST-ZIP BOCA RATON FL 33433-2432

TITLE D ☐ DELETE
NAME DUBOW, SUSAN
STREET ADDRESS 21346 ST. ANDREWS BLVD., STE. 120
CITY-ST-ZIP BOCA RATON FL 33433-2432

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Sciallo, Carole
2621 N. Federal Hwy.
Boca Raton, FL 33431

Stampora, Charlene
2621 N. Federal Hwy.
Boca Raton, FL 33431

Dubow, Susan
2621 N. Federal Hwy.
Boca Raton, FL 33431

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/96 407-362-9022

CR2E034 (12/95)