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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

~~2021 N FED HWY~~ 21346 Saint Andrews Blvd
~~STE 1~~ Boca Raton FL 33431
US Suite 142 FL 33431

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

3. Date Incorporated or Qualified
10/30/1987

3a. Date of Last Report
04/30/1996

4. FEI Number
65-0154358

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 Carole Sciallo
82 Street Address 21346 Saint Andrews Blvd
83 Suite 142
84 City Boca Raton FL 85 Zip Code 33432

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 ~~2021 N FED HWY~~
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ DELETE
NAME STAMPORA, CHARLENE
STREET ADDRESS ~~2021 N FED HWY~~
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ DELETE
NAME DUBOW, SUSAN
STREET ADDRESS ~~2021 N FED HWY~~
CITY-ST-ZIP BOCA RATON FL 33431

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 21346 Saint Andrews Blvd
1.4 CITY-ST-ZIP suite 142 - Boca Raton FL 33432

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 21346 Saint Andrews Blvd
2.4 CITY-ST-ZIP suite 142 Boca Raton FL 33432

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 21346 Saint Andrews Blvd
3.4 CITY-ST-ZIP suite 142 Boca Raton, FL 33432

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 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

3/15/97 561-852-9933
Date Daytime Phone #

CR2E034 (9/96)