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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K67959

1. Corporation Name ANNIE'S ENTERPRISES, INC.

Principal Place of Business 801 S. UNIVERSITY DR. SUITE B 136 PLANTATION FL 33324 Mailing Address 801 S. UNIVERSITY DR. SUITE B 136 PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1989 4. FEI Number 65-0115446 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 22. City & State 27. City & State 23. Zip Country 28. Zip Country 24. 25. 29. 30.

9. Name and Address of Current Registered Agent

MURPHY, JOHN J 3862 SHERIDAN STREET HOLLYWOOD FL 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like Name, Title, Street Address, City-ST-ZIP.

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 of an attachment with an address, with all other like empowered.

SIGNATURE: Hilda Maxwell 4/26/99 474-8758 (954)

CR2E034 (11/98)