

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 AUG 15 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L08325** (7)

1. Corporation Name
ACM COOKIES INCORPORATED

Mailing Address
**% CARLA WORRALL
5209 NW 99TH TERRACE
SUNRISE FL 33351**

Principal Place of Business
**% CARLA WORRALL
5209 NW 99TH TERRACE
SUNRISE FL 33351**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1989	3a. Date of Last Report 05/01/1993
4. FEI Number 65-0164114	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WORRALL, CARLA
5209 NW 99TH TERRACE
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and date of signature (if not the Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. CHANGE IN TO OFFICERS AND DIRECTORS (24-12)	
11 TITLE	P	11 TITLE	
12 NAME	WORRALL, ALAN L.	12 NAME	
13 STREET ADDRESS	5209 NW 99TH TERRACE	13 STREET ADDRESS	
14 CITY - ST - ZIP	SUNRISE FL 33351	14 CITY - ST - ZIP	
21 TITLE	V/T/S	21 TITLE	
22 NAME	WORRALL, CARLA	22 NAME	
23 STREET ADDRESS	5209 NW 99TH TERRACE	23 STREET ADDRESS	
24 CITY - ST - ZIP	SUNRISE FL 33351	24 CITY - ST - ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST - ZIP		34 CITY - ST - ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Section 199.032, 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 in person. That I am an officer or director of the corporation or the person or person empowered to make this report as required by Chapter 199 of the Florida Statutes, and that my name appears in Block 2 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: *Carla E. Worrall*
 SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR
CARLA E. WORRALL, V. PRES., ETC.

8-7-94 (305) 741-2334