


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550**

**FILED**

**Jun 13 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. McWhorter</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L57385 (1)**  
 1. Corporation Name  
**WEST COAST TREATS, INC.**



<b>Principal Place of Business</b> 1024 62ND AVENUE, N. <del>1024 62ND STREET NORTH</del> ST PETERSBURG FL 33702 US	<b>Mailing Address</b> P. O. BOX 22095 <del>P.O. BOX 88</del> ST PETERSBURG FL 33742-2095 US
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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<b>3. Date Incorporated or Qualified</b> 03/15/1990	<b>3a. Date of Last Report</b> 05/01/1996
<b>4. FEI Number</b> 59-3005954	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> MASCARA, ERNEST L. GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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**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** \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
<b>TITLE</b> PT <b>NAME</b> GREEN, JEFFREY B <b>STREET ADDRESS</b> 1005 GOLFVIEW DRIVE <b>CITY-ST-ZIP</b> DUNEDIN FL 34606	<input type="checkbox"/> DELETE
<b>TITLE</b> VS <b>NAME</b> DUSEK, JONATHAN T <b>STREET ADDRESS</b> 4293 FOX MEADOW DRIVE, SE <b>CITY-ST-ZIP</b> CEDAR RAPIDS IA	<input type="checkbox"/> DELETE
<b>TITLE</b> VP <b>NAME</b> BERGEN, ROBERT E <b>STREET ADDRESS</b> 9918 NORTH LAMPLIGHTER LANE <b>CITY-ST-ZIP</b> MEQUON WI	<input type="checkbox"/> DELETE
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1 TITLE</b> PT <b>1.2 NAME</b> GREEN, JEFFREY B <b>1.3 STREET ADDRESS</b> 1307 SOUTH MAIN STREET <b>1.4 CITY-ST-ZIP</b> RACINE, WI 53403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.1 TITLE</b> VS <b>2.2 NAME</b> DUSEK, JONATHAN T. <b>2.3 STREET ADDRESS</b> 4293 FOX MEADOW DRIVE SE <b>2.4 CITY-ST-ZIP</b> CEDAR RAPIDS IA 52403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.1 TITLE</b> VP <b>3.2 NAME</b> BERGEN, ROBERT E. <b>3.3 STREET ADDRESS</b> 9918 North Lamplighter Lane <b>3.4 CITY-ST-ZIP</b> Mequon WI 53092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

CR2E034 (9/96)