File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** co 198 -8 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # L98000003137** 1a. Principal Place of Business Address CRAVINGS BY MAIL, L.C. 3149 OCEAN DRIVE 3149 OCEAN DRIVE VERO BEACH FL 32963 VERO BEACH FL 32963 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 3/49 OCFAN DR Suite, Apt. #, etc. 3149 OCEAN DR 12/11/1998 FLSuite, Apt. #, etc 4. FEI Number Applied For City & State 6. Date of Last Report 6. Not Applicable 6. Certificate of Status Desired 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office GARRIS, CHARLES E 817 BEACHLAND BLVD. Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 Suite, Apt #, etc. Zıp Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Addebting Appointment) - (NOTE - hogistered Agent supration to proclawborn to our major 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM WALKER, J. MARTIN 3149 OCEAN DRIVE VERO BEACH FL MGRM WALKER, MARY B 3149 OCEAN DRIVE VERO BEACH FL 71002842682--04/16/99--01094--012 ****188.75 ****188.75 **7.1**C ADD 4.5 1000 11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an

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attachment with an address.
SIGNATURE: