

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Merrill  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M30142** (7)

1. Corporation Name  
**TRULY SCRUMPTIOUS CHOCOLATE, INC.**

Principal Place of Business: **8368 MILLS DRIVE MIAMI FL 33183**  
Mailing Address: **8368 MILLS DRIVE MIAMI FL 33183**



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

|   |   |
|---|---|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| <b>04/08/1986</b>   | <b>04/27/1995</b>   |
| 4. FEI Number   | Applied For   |
| <b>59-2667140</b>   | Not Applicable  |
| 5. Certificate of Status Desired  | <b>\$8.75 Additional Fee Required</b>                               |
| <input type="checkbox"/>  |   |
| 6. Election Campaign Financing Trust Fund Contribution                                  | <b>\$5.00 May Be Added to Fees</b>                                  |
| <input type="checkbox"/>  |   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Name and Address of New Registered Agent  |   |

9. Name and Address of Current Registered Agent

**PATRIZIO, JOANN**  
**8368 MILLS DRIVE**  
**MIAMI FL 33183**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1603, 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, Sections 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> DELETE |
| NAME           | <b>PATRIZIO, JOANN</b>  |                                 |
| STREET ADDRESS | <b>2432 SW 129TH CT</b> |                                 |
| CITY-STATE-ZIP | <b>MIAMI FL</b>         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-STATE-ZIP |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-STATE-ZIP |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-STATE-ZIP |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-STATE-ZIP |                         |                                 |

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

**PD**  
**PATRIZIO JOANN**  
**1255 NW 21ST TERRACE**  
**DELRAY BEACH, FL 33445**

|                    |  |   |
|--------------------|--|---|
| 14. TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15. NAME           |  |   |
| 16. STREET ADDRESS |  |   |
| 17. CITY-STATE-ZIP |  |   |
| 18. TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19. NAME           |  |   |
| 20. STREET ADDRESS |  |   |
| 21. CITY-STATE-ZIP |  |   |
| 22. TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23. NAME           |  |   |
| 24. STREET ADDRESS |  |   |
| 25. CITY-STATE-ZIP |  |   |
| 26. TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27. NAME           |  |   |
| 28. STREET ADDRESS |  |   |
| 29. CITY-STATE-ZIP |  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, fully complying with Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or registration statement is true and correct, 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, that I am not being appointed as a registered agent as provided for in s. 350.04 as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or original attachment with an address.

SIGNATURE: *[Signature]* **JOANN PATRIZIO** MAR 25 1996 (305) 596-6011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)