## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M30142

TRULY SCRUMPTIOUS CHOCOLATE, INC.

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90253 042 \*\*\*150.00



| Principal Flace of Business Mailing Address . |   |  |                            |                 |                   |  | it geart Bidit aran | PART BIBIT IBBI        |
|---|---|--|----------------------------|-----------------|-------------------|--|---------------------|------------------------|
| 8368 MILLS DRIVE 8368 MILLS DRIVE             |   |  |                            |                 |                   |  |                     |                        |
| MIAMI FL 33183 MIAMI FL 33183                 |   |  |                            |                 |                   | <b>\</b>   |                     |                        |
|   |   |  |                            |                 |                   | DO NOT WRITE IN TI                                     | IS SPACE            |                        |
|   |   |  |                            |                 |                   | 3. Date Incorporated or Qualifed                       |                     | j                      |
|   |   |  |                            |                 |                   | 04/08/1986   |                     |                        |
| 2. Principal Pl                               | lace of Business  | 2a. Mailing Address  |                            |                 |                   | 4. FEI Number  | — <del> </del>      | oblied For             |
| 21  |   | 26   |                            |                 |                   | 59-2667140   |                     | : Applicable           |
| Suite, # pt.                                  | #, etc.   | Suite, Apt. #, etc.  |                            |                 |                   | 5. Certificate of Status Desired                       |                     | Additional<br>e quired |
| 22  |   | City & State   |                            |                 |                   |  |                     |                        |
| City & State                                  | e   | — <u> </u>   |                            |                 |                   | 6. Election Campaign Financing Trust Fund Contribution | 00.2\$              | to Fees                |
| Zip   | Country   | Zip  | Cour                       | ntrv            |                   | This corporation owes the current year                 |                     | 171 000                |
| 24  | 25  | 29   | 30                         | ,               |                   | Personal Property Tax.                                 | T s                 | □No                    |
| 24  | 9. Name and Address of Curre  |  | - <del>       </del>       |                 |                   | 10. Name and Address of New Register                   | ed Agent            |                        |
|   |   |  |                            | 81              | Name              |  |                     |                        |
|   | rizio, Joann  |  | l                          | 82              | Ctront A.I.       | ress (P.O. Box Number is Not Acceptable)               |                     |                        |
| 8368 MILLS DRIVE                              |   |  |                            | 62              | Sheet Hoor        | ess (i .O. Do. Number is Not Acceptable)               |                     |                        |
| MIAN  | WI FL 33183   |  |                            | 83              |                   |  |                     |                        |
|   |   |  | Ì                          | 0.4             | 0.4               |  | os 7in              | Code                   |
|   |   |  |                            | 84              | City              | F  | L 85 Zip            | Code                   |
| 11. Pursuant                                  | to the provisions of Sections 607.05  | 02 and 607.1508, Florida Stat                                    | tes, the al                | ove-            | named corp        | oration submits this statement for the purpose         | of changing its     | egistered              |
| office or re<br>agent. Lai                    | egistered agent, or both, in the State<br>m familiar with, and accept the oblig | e of Florida. Such change was<br>⊨at ons of, Section 607.0505, F | authorized<br>Torida Statu | iby ti<br>ites. | ne corporatio     | on's board of directors. I hereby accept the ap        | comment as re       | gistered               |
| SIGNATURE                                     |   | •  |                            |                 |                   |  |                     |                        |
| SIGNATUR.E                                    | Signature, typed or printed na ne of registered ag                              | ent and title if applicable. (NO                                 | TE: Registered             | Agent :         | signature require | d when reinstating) DATE                               |                     |                        |
| 12.   | <del></del>   | NO DIRECTORS   | 13.                        |                 | <del></del>       | ADDITIONS/CHANGES TO OFFICERS                          |                     |                        |
| TITLE   | PD  | ☐ DELETE   | 1.1 TIT                    | ΓÉ              | -                 |  | ☐ Change            | Addition               |
| NAME  | PATRIZIO, JOANN   |  | 1.2 NA                     | 1.2 NAME        |                   |  |                     |                        |
| STREET ADDRESS                                | 1255 NW 21ST TERR   |  | 1.3 STREET ADDRESS         |                 | ADDRESS           |  |                     |                        |
| CITY-ST-ZIP                                   | DELRAY BCH FL   |  |                            | ry-st-          | ZIP               |  | ET Character        | Addition               |
| TITLE   | ☐ DELETE  |  |                            | 2.1 TITLE       |                   |  | Change              | Addition               |
| NAME  |   |  | •                          | 2.2 NAME        |                   |  |                     |                        |
| STREET ADDRESS                                |   |  | 2.3 ST                     | REETA           | ADDRESS           |  |                     |                        |
| CITY-ST-ZIP                                   |   | FT DELETE  |                            | TY-ST           | -ZIP              |  | Change              | Addition               |
| TITLE   |   | ☐ DELETE   | 3.1 TiT                    |                 | 1                 |  | спапуе              | ( Variable)            |
| NAME  |   |  | 3.2 NA                     |                 |                   |  |                     |                        |
| STREET ADDRE 3S                               |   |  |                            |                 | ADDRESS           |  |                     |                        |
| CITY-ST-ZIP                                   |   | Florists   |                            | TY-ST           | -ZIP              |  | Change              | Addition               |
| TITLE   |   | ☐ DELETE   | 4.1 TIT                    |                 |                   |  |                     | L] , 3040011           |
| NAME  |   |  | 4.2 N                      |                 |                   |  |                     |                        |
| STREET ADDRESS                                |   |  | · ·                        |                 | ADDRESS           |  |                     |                        |
| CITY-ST-ZIP                                   |   | ☐ DELETE   |                            | IY-ST-          | ZIP               |  | Change              | Addition               |
| TITLE   |   | T) pereie  | 5.1 T/T<br>5.2 NA          |                 | }                 |  | - ounde             |                        |
| NAME  |   |  |                            |                 | ADDRESS           |  |                     |                        |
| STREET ADDRESS                                |   |  |                            | TY-ST-          | l                 |  |                     |                        |
| CITY-ST-ZIP                                   |   | DELETE   | 6.1 TIT                    |                 |                   |  | Change              | Addition               |
| TITLE   |   | ال محدداد  | 6.2 NA                     |                 |                   |  |                     |                        |
| NAME  |   | _  | 1                          |                 | ADDRESS           |  |                     |                        |
| STREET ADDRESS                                |   |  |                            | IY-ST-          |                   |  |                     |                        |
| CITY-ST-ZIP                                   |   |  |                            |                 |                   | Partice 118 07(3Vi) Florida Statutas   further         | outifuthat tha      | information            |

14. I hereby certify that the information supplied with this filling 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 suppliemental annual proof 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 this execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attach per with an address, with all other like empowered.

SIGNATURE: X