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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004372 (7)**

1. Corporation Name

**PASTTYMES PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

**745 NORTHEAST 117 STREET  
BISCAYNE PARK FL 33161**

**745 NORTHEAST 117 STREET  
BISCAYNE PARK FL 33161**

2. Principal Place of Business  
21 **SAME AS ABOVE**

2a. Mailing Address  
26 **SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/11/1995**

4. FEI Number

**65-0608459**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**FITZGERALD, DAN  
745 NORTHEAST 117 STREET  
BISCAYNE PARK FL 33161**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FITZGERALD, DAN</b>	
STREET ADDRESS	<b>745 NORTHEAST 117 STREET</b>	
CITY-ST-ZIP	<b>BISCAYNE PARK FL 33161</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>FITZGERALD, DIXIE</b>	
STREET ADDRESS	<b>745 NORTHEAST 117 STREET</b>	
CITY-ST-ZIP	<b>BISCAYNE PARK FL 33161</b>	

TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAWSON, ROBERT</b>	
STREET ADDRESS	<b>2400 NORTHEAST 6 AVENUE #108</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HACH, BETTY</b>	
STREET ADDRESS	<b>987 NE 96 STREET</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KUETKO, JAMES REV</b>	
STREET ADDRESS	<b>9823 NE 4 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRING, DANIEL</b>	
STREET ADDRESS	<b>1320 S DINE HIGHWAY</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LOUISE STONE</b>	
1.3 STREET ADDRESS	<b>800 N.E. 137 STREET</b>	
1.4 CITY-ST-ZIP	<b>NORTH MIAMI FLORIDA 33161</b>	

2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>UNDERWOOD, ANNETTE</b>	
2.3 STREET ADDRESS	<b>5995 NORTH BAYSHORES DR</b>	
2.4 CITY-ST-ZIP	<b>MIAMI FLORIDA 33131</b>	

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>PRITCHETT, ROBERT</b>	
3.3 STREET ADDRESS	<b>8801 N.E. 1ST AVENUE</b>	
3.4 CITY-ST-ZIP	<b>MIAMI FLORIDA 33138</b>	

4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LAMB, JOHN</b>	
4.3 STREET ADDRESS	<b>800 N.E. 137 STREET</b>	
4.4 CITY-ST-ZIP	<b>NORTH MIAMI, FLORIDA 33161</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DAN FITZGERALD OFFICER** 1/7/98 3058957367