

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

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1. Corporation Name

PASTTYMES PRODUCTIONS, INC.

Principal Place of Business

745 NORTHEAST 117 STREET
BISCAYNE PARK FL 33161

Mailing Address

745 NORTHEAST 117 STREET
BISCAYNE PARK FL 33161



2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

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

☐

\$5.00 May Be
Added to Fees

22

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

FITZGERALD, DAN
745 NORTHEAST 117 STREET
BISCAYNE PARK FL 33161

10. Name and Address of New Registered Agent

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

JAN 20, 1999

12.

OFFICERS AND DIRECTORS

TITLE P
NAME FITZGERALD, DAN
STREET ADDRESS 745 NORTHEAST 117 STREET
CITY-ST-ZIP BISCAYNE PARK FL 33161

TITLE V
NAME FITZGERALD, DIXIE
STREET ADDRESS 745 NORTHEAST 117 STREET
CITY-ST-ZIP BISCAYNE PARK FL 33161

TITLE V
NAME STONE, LOUISE
STREET ADDRESS 800 NE 137TH ST
CITY-ST-ZIP N MIAMI FL 33161

TITLE T
NAME HACH, BETTY
STREET ADDRESS 987 NE 96 STREET
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE T
NAME KUETKO, JAMES REV
STREET ADDRESS 9823 NE 4 AVENUE
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE D
NAME HARRING, DANIEL
STREET ADDRESS 1320 S DINE HIGHWAY
CITY-ST-ZIP CORAL GABLES FL 33146

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE BOARD MEMBER
1.2 NAME JOHN LAMB
1.3 STREET ADDRESS 800 NE 137 STREET
1.4 CITY-ST-ZIP NORTH MIAMI FL 33161

2.1 TITLE BOARD MEMBER
2.2 NAME ROBERT KUPPEN P.A.
2.3 STREET ADDRESS 700 NORTH EAST 90 STREET
2.4 CITY-ST-ZIP MIAMI FLORIDA 33138

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)