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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005694

1. Corporation Name

THE RECIPE COLLECTION, INC.

Principal Place of Business

10642 SHADY POND LN.
BOCA RATON FL 33428

Mailing Address

10642 SHADY POND LN.
BOCA RATON FL 33428

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0873718	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GIBBONS, TERESA 10642 SHADY POND LN. BOCA RATON FL 33428		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/T/S
NAME		1.2 NAME	Teresa Gibbons
STREET ADDRESS		1.3 STREET ADDRESS	10642 Shady Pond Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D
NAME		2.2 NAME	James Gibbons
STREET ADDRESS		2.3 STREET ADDRESS	10642 Shady Pond Ln
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D
NAME		3.2 NAME	Magali Dominguez
STREET ADDRESS		3.3 STREET ADDRESS	210 Gw 4th St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa Gibbons 2/20/99 561-451-1486

CR2E037 (1/1/98)