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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P13933

(7)

1. Corporation Name
ENTENMANN'S, INC.



Principal Place of Business

55 PARADISE LN
BAYSHORE NY 11708
US

Mailing Address

P O BOX 8000
ENGLEWOOD CLIFFS NJ 07632
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 55 Paradise Lane

27

28 City & State

Bay shore, NY

29 Zip Country

11706 30

3. Date Incorporated or Qualified

04/07/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

22-1772005

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, 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 CEO ☐ DELETE

NAME KASTORY, BERNARD H

STREET ADDRESS 55 PARADISE LANE

CITY-ST-ZIP BAYSHORE NY

TITLE PD ☐ DELETE

NAME LANGDON, JOHN J

STREET ADDRESS 55 PARADISE LANE

CITY-ST-ZIP BAYSHORE NY

TITLE VPT ☐ DELETE

NAME PETERSON, WILLIAM

STREET ADDRESS 55 PARADISE LANE

CITY-ST-ZIP BAYSHORE NY

TITLE S ☐ DELETE

NAME REGNAULT, PHILLIPS M

STREET ADDRESS 55 PARADISE LANE

CITY-ST-ZIP BAYSHORE NY

TITLE VP ☐ DELETE

NAME STURM, LEONARD J

STREET ADDRESS 55 PARADISE LANE

CITY-ST-ZIP BAYSHORE NY

TITLE VP ☐ DELETE

NAME BECKERMAN, NEIL

STREET ADDRESS 55 PARADISE LANE

CITY-ST-ZIP BAYSHORE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

[Signature]

CR2E034 (9/96)