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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19 1998 8:00am
Secretary of State

ALBOB CORP.	009421 (8)]		
Principal Place of Business	Mailing Address) (#11# 1##14 ####1	
MY FAVORITE MUFFIN	2001 N. FEDERAL HWY	r.				
2001 N FEDERAL HWY POMPANO BOH FL 33062	# 60 Pompano BCH. Fl. 33	062		DO NOT WRITE IN THIS	SPACE	
US	US			3. Date Incorporated or Qualified	-,	
				12/04/1992		
<u>-</u> `	2a. Mailing Address			4. FEI Number	h	pplied For
26 Suite Apt # etc				65-0379643		lot Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Regulred
City & State	City & State			- Floring Committee Figure 1		
<u>-</u>	28			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip Country	Zip	Cour	ntry	8. This corporation owes or has paid the our		
24 25	29	30	•	1 -		□ No □
g. Name and Address of Current Re				10. Name and Address of New Registered.	Agent	
GARFIELD, BETH		1	B1 Name			1
2001 N. FEDERAL HWY.		ŀ	B2 Street Add	dress (P.O. Box Number is Not Acceptable)		
POMPANO BCH. FL 33063		ĵ				
			83			
		ŀ	B4 City		85 Zip	Code
 Pursuant to the provisions of Sections 607,0502 an office or registered agent, or both, in the State of F agent. I am familiar with, and accept the obligation 	id 607.1508, Florida Statute Torida: Such change was a is of. Section 607.0505. Flo	es, the ac authorized	ove-named col by the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	i changing iointment a:	s registered
		Jilua Jian	nes.			
SIGNATURE				uired when reinstating) DATE		
Signature, typed or pointed name of regulared agent and	d tife il applicable (NOT			uled when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTO	RS IN 12
Signaturu, typed te protett name of regetered agest and	d tife il applicable (NOT	E: Registered	Agent signature req		D DIRECTO	PRS IN 12
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14. I hereby certify that the information supplied with this filling doos 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:

Beth Joshila,

BOTH GARFIELD

5/1/98

9547826833