


Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000001315 (9)
1. Corporation Name
MARGATE COBBLER SHOP, INC.

Principal Place of Business
417 N STATE ROAD 7
MARGATE FL 33063-4560

Mailing Address
417 N STATE ROAD 7
MARGATE FL 33063-4560

3. Date Incorporated or Qualified
01/08/1993

3a. Date of Last Report
04/23/1996

4. FEI Number
65-0377039

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
HUFF, ARLENE
417 N STATE ROAD 7
MARGATE FL 33063-4560

10. Name and Address of New Registered Agent
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 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
Date

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
12.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
12.2 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
12.3 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
12.4 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
12.5 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
13.2 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
13.3 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
13.4 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
13.5 TITLE
NAME
STREET ADDRESS
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: Arlene P Huff
Arleene Huff (pres)
3-14-97
954 973
3906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #