

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
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96 FEB 29 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000003334 (8)

1. Corporation Name
VARIETY SNACKS, INC.



Principal Place of Business: **2200 BOCA RATON BLVD. SUITE 217 BOCA RATON FL 33431**
Mailing Address: **2200 BOCA RATON BLVD. SUITE 217 BOCA RATON FL 33431**

3. Date Incorporated or Qualified: **01/11/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0394265**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1045 E. Atlantic Ave. Suite 205 Delray Beach, FL 33433 USA**
2a. Mailing Address: **26 1045 E. Atlantic Ave. Suite 205 Delray Beach, FL 33433 USA**

9. Name and Address of Current Registered Agent

**SAUBERMAN, SETH H
21346 ST. ANDREWS BLVD.
SUITE 143
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name: **Norman S. Levin, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable): **1120 S. Federal Highway**
83 City: **Suite 2**
84 City: **Fort Lauderdale, FL** 85 Zip Code: **33316**

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: *Norman S. Levin*
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required for incorporation)

DATE: **1/19/96**

12. OFFICERS AND DIRECTORS

TITLE	P/T/S	<input checked="" type="checkbox"/> DELETE
NAME	SAUBERMAN, SETH H	
STREET ADDRESS	6079 BOCA COLONY DR. APT 105	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harold Gould	
1.3 STREET ADDRESS	682 N.W. 44th Terrace	
1.4 CITY-ST-ZIP	Deerfield Beach, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **HAROLD GOULD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1/23/96** (407) 265-1626

CR2E034 (12/95)