

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # P93000010059 (2)

1. Corporation Name:
A BETTER CHEESECAKE, INC.

Principal Place of Business

1120 94TH AVE. N.
ST PETERSBURG FL 33702
US

Mailing Address

1120-94TH AVE. N.
ST PETERSBURG FL 33702-8437
US



2. Principal Place of Business

21 2519 McMullen Booth Rd
Suite, Apt. #, etc.
22 Clearwater, FL
City & State

2a. Mailing Address

26 2519 McMullen Booth Rd
Suite, Apt. #, etc.
27 Clearwater FL
City & State

23 Zip

Country

24 34621 25 USA

28 Zip

Country

29 34621 30 U.S.

9. Name and Address of Current Registered Agent

KRISOFF, MARY E
3638 HAINES ROAD NORTH
ST PETERSBURG FL 33704

3. Date Incorporated or Qualified
02/02/1993

3a. Date of Last Report
02/01/1996

4. FEI Number

59-3161786

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

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 of Agent or Director (if not a registered agent, then a director)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PD	WATERS, BARBARA	6101 90TH AVE. N.	PINELLAS PARK FL	<input type="checkbox"/>
D	KRISOFF, MARY E	3638 HAINES ROAD NORTH	ST. PETERSBURG FL 33704	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 or changed, or on an attachment with an address.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

BARBARA WATERS

3/17/97

813.725.2295

CR2E034 (9/96)