

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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90051 028 ***150.00

0065818

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000017182

1. Corporation Name GINGER POT, INC.

Principal Place of Business 17181 ROYAL COVE WAY BOCA RATON FL 33496

Mailing Address 5030 CHAMPION BLVD SUITE G6-286 BOCA RATON FL 33496 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/02/1993

4. FEI Number 65-0391711 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country 25

29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENOR, ARTHUR J. ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVENUE, SUITE 500 WEST PALM BEACH FL 33401

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

Table with 12 rows for Officers and Directors. Includes columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 12 rows for Additions/Changes to Officers and Directors in 12. Includes columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

561 241 -6056

Date

Daytime Phone #

CR2F034 (1-1/98)