

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000031528 (1)

1. Corporation Name

EDIE'S ITALIAN BISCUITS CO., INC.



Principal Place of Business

1550 N FEDERAL HWY
STE 10
BOYNTON BEACH FL 33435
US

Mailing Address

9581 MAJESTIC WAY
BOYNTON BEACH FL 33437-3324

2. Principal Place of Business

2a. Mailing Address

21

State, Apt., etc.

22

City & State

23

Zip

Country

24

25

26

State, Apt., etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DEMELO, EDITH M
9581 MAJESTIC WAY
BOYNTON BEACH FL 33437-3324

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 Secretary of State, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	☐ DELETE
NAME	DEMELO, LOUIE SR.	
STREET ADDRESS	9581 MAJESTIC WAY	
CITY-STATE-ZIP	BOYNTON BEACH FL	
TITLE	DP	☐ DELETE
NAME	DEMELO, EDITH M	
STREET ADDRESS	9581 MAJESTIC WAY	
CITY-STATE-ZIP	BOYNTON BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	☐ Change ☐ Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	☐ Change ☐ Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	☐ Change ☐ Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	☐ Change ☐ Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	☐ Change ☐ Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	☐ Change ☐ Addition

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 addition with an address.

SIGNATURE: Edith M Demelo - Edith M Demelo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

369-3424

CR2E034 (12/95)