FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996 7-17-96 B-7327 C

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

DOCUMENT # P93000050700 (2)

1. Corporation Name

HOT MAMAS AND COMPANY, INC.

Principal Place of Business
1965 S OCEAN DR
#MF
HALLANDALE FL 33009

Mailing Address
1965 S OCEAN DR
#MF
HALLANDALE FL 33009

3. Date Incorporated or Qualified: 07/20/1993
3a. Date of Last Report: 04/28/1995
4. FEI Number: 65-0423720 ☐ 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 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

SULLIVAN, ELLEN
1965 S OCEAN DR
#MF
HALLANDALE FL 33009

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SULLIVAN, ELLEN	
STREET ADDRESS	1965 S OCEAN DR #MF	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	☐ DELETE
NAME	FELDMAN, HENRY	
STREET ADDRESS	1965 S OCEAN DR #MF	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D DIRECTOR	☑ Change ☐ Addition
2.2 NAME	HENRY FELDMAN	
2.3 STREET ADDRESS	1965 S. OCEAN DR # MF	
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
3.1 TITLE	DIRECTOR, VICE PRESIDENT	☐ Change ☑ Addition
3.2 NAME	BETSY FELDMAN	
3.3 STREET ADDRESS	927 CENTER STREET	
3.4 CITY-ST-ZIP	JAMAICA PLAIN, MA 02130	
4.1 TITLE	DIRECTOR	☐ Change ☑ Addition
4.2 NAME	ROY FELDMAN	
4.3 STREET ADDRESS	2753 RUSHLAND ROAD	
4.4 CITY-ST-ZIP	JAMISON, PA 18929	
5.1 TITLE	DIRECTOR,	☐ Change ☑ Addition
5.2 NAME	JAMES SULLIVAN	
5.3 STREET ADDRESS	1965 S. OCEAN DR # MF	
5.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Ellen Sullivan ELLEN SULLIVAN 5-1-96 954-454-4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)