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

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

FILED

May 07, 1999 8:00 am Secretary of State

05-07-1999 90021 023 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #P94000018068

1. Corporation T AND		CREAM COMPANY	, I	INC.								
									n hil i			
Principal Place of Business			Mailing Address					The same of the sa	11. 3 16. g	لمبعرين والمبالة	<u> </u>	
1700 S. NEW HAVEN AVE			814 TOPAZ DRIVE									
MELBOURNE, FL 32904			ROCKLEDGE, FL 32955					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified 03 (08/94				
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			Applied For	
S. 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			26				IVE	59-3229816			Not Applicab	
Suite, Apt. #, etc.			27	Suite. Apt. #, etc.				5. Certifcate of Status Desired			75 Additional e Required	
City & State			City & State 28 MELBOURNE FL			· ·		6. Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees	
Zip 24	Country 25			Zip Co 29 32940 30 BB				This corporation owes the cur Personal Property Tax.	rent year Int	angible Y Yes	□No	
9. Name and Address of Current Registered Agent								10. Name and Address of New	Registered	Agent		
						91	Name					
DENISE HOLSHEY					82	Street	ress (P.O. Box Number is Not Acceptable)					
760 AUTUMN GLEN DRIVE							<u> </u>					
MELBO	OURNE, F	L 32940				83	[
						84	,,		FL	. 1 1	Zip Code	
OURGE OF 1	Lehistolan adal	ns of Sections 607,0502 and, or both, in the State of , and accept the obligation	нопа.	a. Such change was al	шполге	ed by	the com	orporation submits this statement for the ation's board of directors. I hereby acce	purpose of pt the appoir	changin ntment a	g its registered is registered	
SIGNATURE		printed same of registered	ad Hele	Tanahashin 210#F	d mario							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.						i signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PRES.			DELETE	_	TTLE		TODITIONS/OFFICES TO OF	TOERS AR	☐ Chai		
	1											

DENISE HOLSHEY 1.2 NAME STREET ADDRESS 760 AUTUMN GLEN DRIVE 1.3 STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 1.4 CITY-ST-ZIP OELETE S,T 2.1 TITLE ☐ Change NAME JOHN HOLSHEY 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 760 AUTUMN GLEN DRIVE CITY-ST-ZIP MELBOURNE, FL 32940 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change Additi NAME 32 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Additi NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZW 4.4 CITY- ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change Addres NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY+ST-ZNP 6.4 CITY- ST- ZIP

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: /