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

Maiting Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000019706 (8)

COOKIES BY DESIGN, INC.

Principal Place of Business

j					1				
600 E ALTAM SPACE 7 ALTAMONTE	onte da Springs fl 32701	600 E ALTAMONTE DR SPACE 7 ALTAMONTE SPRINGS		26					
					3. Date Incorporated or Qualifie	d <b>3a.</b> Da	ate of Las	t Report	
L					03/09/1994	02/	/23/199	6	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For	
21		26			59-3241108			Not Applicab	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required	
Orty & State		City & State			Election Campaign Financing     Trust Fund Contribution	,	\$5.00 May Be Added to Fees		
Zip	Country	Zφ	Cou	ntry	8. This corporation has liability to	or intendible	tax unde	r s. 199.032,	
24	25	29	30		Florida Statutes		□ No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New	10. Name and Address of New Registered Agent			
BA	KER, FREDERICK W			81 Name					
AND E ALTAMONTE DO				82 Street Address (P.O. Box Number is Not Acceptable)					
	ACE 7			J. Street	Tadroos (F.O. Dox Hambol to 140, 13000)	idbic,			
	TAMONTE SPRINGS FL 32701			83					
. <del></del>			-	84 City			<b>85</b> Z	ip Code	
		•		City		FL	.   55   2	ib code	
office or	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Fiorida. Such change wa	as authorized	by the corp	corporation submits this statement for the poration's board of directors. I hereby ac	e purpose o cept the app	f changing cointment	g its registere as registered	
SIGNATURE	Signature Apsonor printed name of registerion.	solett är eitilielf applicable (f	NOTE Registered	I Agent signature	required when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 12	
THLE	P	DELETE	1.1 Til	ιŧ			Chang	ge 🔲 Additio	
NAME	BAKER, SUZANNE K		1.2 NA	ME					
STREET ADDRESS			1.3 ST	REET ADDRESS		•			
CHY-ST-7IP	ALTAMONTE SPRINGS FL		1.4 01	IY-ST-ZIP					
TILLE	\ VP	☐ DELÈTE	2.1 Til	LE			Chang	je 🔲 Additio	
NAME:	BAKER, FREDERICK W		2.2 NA	ME					
STREET ADDRESS			2.3 \$1	REET ADORESS					
CHY-ST-ZIP	ALTAMONTE SPRINGS FL		2.401	TY-ST-ZIP					
TITLE		DELFTE	3.1 TIT				Chang	ge 🔲 Additio	
NAM-			3.2 NA	ME					

14. I do hereoy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated or this annual report or suppliemental 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.

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 THLE

6.2 NAME 6.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

STREET ADDRESS
O(TY+ST-ZIP)

THIE

NAME

THLE

NAME SIRFEL ADDRESS

TITLE

NAME

CHTY - ST - ZIP

STREET ADDRESS

SIGNATURE AND PRICE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

1/17/97 4810003

Change

Change

☐ Change

Addition

Addition

\_\_\_ Addition

**FILED** 

Jan 23 1997 8:00am

Secretary of State