

**PROFIT
CORPORATION
ANNUAL REPORT
1996**


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

DOCUMENT # P94000030507 (5)

1. Corporation Name

THE GINGERBREAD MAN III, INC.

Principal Place of Business

Mailing Address

~~1401 BRICKELL AVE~~ **100 S.E. 2nd St** ~~1401 BRICKELL AVE~~ **100 S.E. 2nd St**
~~#700~~ **Ste 2800** ~~#700~~ **Ste 2800**
~~MIAMI FL 33131~~ **Miami, Florida** ~~MIAMI FL 33131~~ **Miami, Florida**
33131 **33131**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/21/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

APPLIED FOR 65-0524590

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

10. Name and Address of New Registered Agent

KT&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE., SUITE 700
MIAMI FL 33131
100 S.E. 2nd Street
Ste 2800
Miami, Florida 33131

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 ☐ DELETE
NAME **DPST**
STREET ADDRESS **GORMAN, EARL**
CITY-ST-ZIP **446 SPADINA ROAD, #207**
TORONTO, ONTARIO M5P 3M2

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

700001967707
-10/08296--01101--007
******675.00 ****225.00**

SP
10/7

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 6/96
Date

416.320-7222
Daytime Phone #