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CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9400034825 (7)

TASTY SNOW CONE, INC.

FILED Apr 21 1997 8:00am Secretary of State

| Principal Place | | | | | | |
|--|--|--|--|--|---|---|
| 1 | | Mailing Address | | | and 38100 hill aloge this 1906) bi | 11 14 81 |
| BOO2 PINES BLY PEMBROKE PIN | /D SUITE 351 ES FL 33024 | 8362 PINES BLVD SU PEMBROKE PINES FI | | | | |
| | | | | 3. Date Incorporated or Qualifie 05/04/1994 | d 3a. Date of Last Rep 03/11/1996 | orl |
| | ace of Business | 2a. Mailing Address | S | 4. FEI Number | Appl | ied For |
| 1 | | 26 | | 65-0498266 | Not a | Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc | C. | 5. Certificate of Status Desired | □ \$8.75 Ad | |
| City & State | | 27 | | | Fee Requ | |
| 23 | , | City & State | | Election Campaign Financing Trust Fund Contribution | | |
| Zip | Country | [28] Zip | Country | | Added to | |
| Zip 4 | 25 | 29 | 30 | This corporation has liability for Florida Statutes | Yes No | 99.032, |
| | 9. Name and Address of Curre | | | 10. Name and Address of New | | |
| WYN | TER, OSWALD K | | 81 Name | | | |
| | SW 87 TERR | | 82 Street A | ddroon (B.O. Boy Number in Not Accen | table) | |
| | BROKE PINES FL 33025 | | Street A | ddress (P.O. Box Number is Not Accep | laule) | |
| | | | 83 | | | |
| | | | | | | · |
| | | | 84 City | | FL 85 Zip Co | ide |
| office or r | to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli | ite of Florida. Such change | was authorized by the coro | corporation submits this statement for the oration's board of directors. I hereby acc | e purpose of changing its i cept the appointment as re | registered gistered |
| agent a | in tactillar with, and accept the con | igations of, Section 607.050 | us, Florida Statutes. | | | |
| SIGNATURE | | | | and then rejected and | DATE | |
| SIGNATURE | Signature, typod or printed manie of registered a | agent and little if applicable | (NOTE Registered Agent signature r | | DATE FICERS AND DIRECTORS | IN 12 |
| SIGNATURE | Signature, typed or printed name of registered a OFFICERS A | | (NOTE Registered Agent signature r | equired when rehateling) ADDITIONS/CHANGES TO OF | FICERS AND DIRECTORS | |
| SIGNATURE | Signature, typed or printed name of registered a OFFICERS A D WYNTER, OSWALD K | agent and lifts if applicable | (NOTE Registered Agent signature r | | FICERS AND DIRECTORS | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered a OFFICERS A | agent and lifts if applicable | (NOTE Registered Agent signalure r 13. IE 1,1 THLF 12 NAME | | FICERS AND DIRECTORS | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered a OFFICERS A D WYNTER, OSWALD K | ngent and 10°c i' applicable ND DIRECTORS DITE | (NOTE Registered Agent signature r 13. IE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | | FICERS AND DIRECTORS | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered a OFFICERS A WYNTER, OSWALD K 1500 SW 87 TERR | ngent and 10°c i' applicable ND DIRECTORS DITE | (NOTE Registered Agent signature r 13. IE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY+ST-ZIP | | FICERS AND DIRECTORS Change | Addition |
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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 am an officer or director of the corporation or the receiver or trusted 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.

PRESIDENT