PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400040488

1. Corporation Name

PINEAPPLE PARFAIT, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90296 004 ***150.00



Principal Flace of Business Mailing Address 543 S. PINEAPPLE AVENUE SARASOTA FL 34236 SARASOTA FL 34236 A Mailing Address SARASOTA FL 34236						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
	2. Principal Place of Business 2a. Malling Address					4. FEI Number Applied For No Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27						5. Certificate of Status Desired Fee Required
City & Sitate		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 Vay Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30			8. This exporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curre	n: Registered Agent				10. Name and Address of New Registered Agent
ΙΛM	ie, Jeffrey			81	Name	
1740 ALDERMAN STREET, #15				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	ASOTA FL 34236		}	83		-
			-	84	City	■ 85 Zip Code
			1		-	oration submits this statement for the purpose of changing its registered
agent. I a	am familiar with, and accept the obligation	ent and title if applicable.	TE: Registered	tes.	t signature required	on's board of directors. I hereby accept the appointment as registered DATE
12.	OFFICERS AI	NI) DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	JAY, RAYMOND A		1.2 NA			_ ,
STREET ADDRESS	ITAS ALOCOLIAN OFFICE HE	3	1.3 STF	REET	ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236		14 CIT	Y- S]	r-ZIP	
TITLE		☐ DELETE	2.1 TITI	LΕ		☐ Change ☐ Addition
NAME			2.2 NAJ			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CIT			☐ Change ☐ Addition
NAME			3.2 NA			
STREET ADDRESS			3 3 STF	REET	ADDRESS	
CITY-ST-ZIP			3.4. CIT	Y- 5	T- ZIP	
TITLE		☐ DELETE	4.1 T/T			☐ Change ☐ Addition
NAME			4.2 NA		I DDDDDD	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CIT			☐ Change ☐ Addition
NAME		-	5 2 NAI			
STREET ADDRESS			5.3 STF	REET	ADDRESS	
CITY-ST-ZIP			5.4 CIT	_	-ZIP	
TITLE		DELETE	6.1 TITI	LE	1	☐ Change ☐ Addition
NAME			6.2 NA		ADDRESS	

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 indicate a on this annual report or supplemental annual proof 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 supplemental enhancement of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or supplemental enhancement of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or supplemental enhancement of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate a on this annual report or supplemental enhancement of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate a on this annual report or supplemental enhancement of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate a on this annual report or supplemental enhancement of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certifier on the receiver of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certifier on the receiver of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certifier on the receiver of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certifier on the receiver of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certifier on the receiver of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certifier on the receiver of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certifier on the receiver of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certifier

6 4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TEO NAME OF SIGNING OFFICER OR DIRECTOR