

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:18

DOCUMENT # P94000040887 (9)

1. Corporation Name
CAKES ACROSS AMERICA, INC.

Principal Place of Business Mailing Address
680 E. STATE RD. 434 WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/01/1994** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3239803		Applied For Not Applicable
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
23. City & State		28. City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Zip	25. Country	29. Zip	30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREENE, FRANCINE M 680 E. STATE RD. 434 WINTER SPRINGS FL 32708				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (Name, typed or printed name of registered agent when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, FRANCINE M	1.2 NAME	
STREET ADDRESS	1112 PHEASANT CR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, DONALD A	2.2 NAME	
STREET ADDRESS	1112 PHEASANT CR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORKE, MARY E	3.2 NAME	
STREET ADDRESS	25 GENTLE BEN PATH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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.

SIGNATURE: *Francine M. Greene* **FRANCINE M. GREENE**
(Signature, typed or printed name of signing officer or director)
 Date: **2/24/95** **407-327-8078**
Date Expiration Herein