

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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
680 E. STATE RD. 434 WINTER SPRINGS FL 32708-2700

3. Date Incorporated or Qualified **06/01/1994** 3a. Date of Last Report **05/01/1996**

21	2. Principal Place of Business 680 E. STATE RD. 434 WINTER SPRINGS FL	22	2a. Mailing Address Suite, Apt. #, etc.	26	4. FEI Number 59-3239803	Applied For
22	State, Apt. #, etc.	27	Suite, Apt. #, etc.	29	5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable
23	City & State WINTER SPRINGS	28	City & State	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
24	Zip 32708	25	Country	29	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GREENE, FRANCINE M
680 E. STATE RD. 434
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or in an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** Date **4/20/97** Daytime Phone # **407-695-3944**

CR2E034 (9/96)