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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000046048 (2)

CUTTIN' UP & MAKIN' DOUGH, INC.

Principal Place of Business 1141 N. FEDERAL HWY

FILED Mar 02 1998 8:00am Secretary of State

Mailing Address 1141 N. FEDERAL HWY. FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-05042197 Not Applicable 21 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name CMAYLO, BARBARA 1141 NORTH FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) R2 FORT LAUDERDALE FL 33304 83 84 City Zip Code 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE WINTER, MARY NAME 12 NAME 1141 N. FEDERAL HWY. STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33304 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change CMAYLO, BARBARA W NAME 2.2 NAME 1141 N. FEDERAL HWY. STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL 33304 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TIFLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

64 CITY-ST-ZIP CITY - ST - ZIP 14. Thereby 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 13 if changed or on an altachment with an address

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

DELETE

DELETE

Change

Спалде

☐ Addition

Addition