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

Mailing Address

THE PRETZEL TWISTER

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000052923**1. Corporation Name

Principal Place of Business THE PRETZEL TWISTER

SIGNATURE:

M & M FRESH & DELICIOUS INCORPORATED

220 MERRITT SQUARE MALL MERRITT ISLAND FL 32952 US		220 MERRITT SQUARE MALL MERRITT ISLAND FL 32952 US		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 07/.14/1994		
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
· •		26		59-3255946	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
19		27		5. Certifcate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year	r Intangible	
4	. 25	29 30	ลี ้	Personal Property Tax.	∐Yes □No	
4	9. Name and Address of Current	<u></u>	<u>'</u>	10. Name and Address of New Registe	red Agent	
	o, italia alla ricareo o i carren	3	81 Name	4 41 6		
MORRILL, JAMES G.						
225 S. TROPICAL TRAIL #110			82 Street	Address (P.O. Box Number is Not Acceptable)		
MERRITT ISLAND FL 32952			83	JAIONS JI		
,,,,			55			
	·		84 City	Merritt ISL	85 Zip Sode C 2	
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 Lam familiar with and accept the obligations of Section 607 0505 Florida Statutes						
SIGNATURE	Camer H.	MINIM		<u>H</u> BAL	15,1999	
0.0	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating) DATE	E /	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
TITLE	P	☐ DELETE	1,1 TITLE	A A.4		
NAME	MORRILL, JAMES G		1.2 NAME	Charac Holdress		
STREET ADDRESS	225 S. TROPICAL TRAIL #110		1.3 STREET ADDRESS	Cherriage Minimos		
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	Change Address Change Address		
TITLE	VP	☐ DELETE	2.1 TITLE	A . 4	☐ Change ☐ Addition	
NAME _	MORRILL, KIM,		2.2 NAME	Many Address	1	
STREET ADDRESS	225 S. TROPICAL TRAIL #110		2.3 STREET ADDRESS	Change houses	1	
CITY-ST-ZIP	MERRITT ISLAND FL		2. 4 CITY-ST-ZIP	,		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	MORRILL, JILL		3.2 NAME			
STREET ADDRESS	18155 S.E. RIDGEVIEW DR.		3.3 STREET ADDRESS	SAME	ſ	
	TEQUESTA FL		3.4, CITY-ST-ZIP		,	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
TITLE	T DODGE DODGE DE		4.1 MILE 4. 2 NAME	l ,		
NAME	MORRILL, ROBERT			SAME		
STREET ADDRESS	18155 SE RIDGEVIEW DR		4.3 STREET ADDRESS	J/III.9		
CITY-ST-ZIP	TEQUESTA FL	- Delete	4.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	5.1 TITLE		□ Cuange □ Addition	
NAME	- • •		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			SACITY-ST-7ID			

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 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, with all other like empowered.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90113 047 ***150.00