
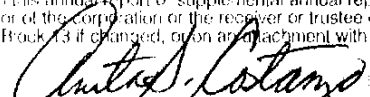


FILED

Mar 21 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 # P94000056863 (1)			
1. Corporation Name: ISLAND DOUGH COMPANY			
Principal Place of Business		Mailing Address	
1515 CENTRE ST SANIBEL FL 33957		1515 CENTRE ST SANIBEL FL 33957-4500	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.		
22. City & State	27. City & State		
23. Zip	28. Zip	Country	Country
24.	25.	29.	30.
9. Name and Address of Current Registered Agent			
COSTANZO, JOHN 1515 CENTRE ST SANIBEL FL 33957			81. Name
			82. Street Address
			83.
			84. City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
OFFICERS AND DIRECTORS			
12.			13.
TITLE	VS	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	COSTANZO, ANITA		1.2 NAME
STREET ADDRESS	1515 CENTRE STREET		1.3 STREET ADDRESS
CITY- ST- ZIP	SANIBEL FL 33957		1.4 CITY- ST- ZIP
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	COSTANZO, JOHN		2.2 NAME
STREET ADDRESS	1515 CENTRE STREET		2.3 STREET ADDRESS
CITY- ST- ZIP	SANIBEL FL 33957		2.4 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY- ST- ZIP			3.4 CITY- ST- ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
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
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
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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, on an attachment with an address.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)