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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000003159 (7)

FANNIE	E'S OVEN, INC.		• • •				
Principal Place of Business Mailing Address					L NO DIANDE AND TRANSPORTED REALITY OF THE BOSTON DENTIL OF	#80 0 U 0 D 0 1 0 U 1 U 1	
300 9TH STREET, N. 300 9TH STREET, N. NAPLES FL 33940 NAPLES FL 33940						DO NOT WRITE IN THIS	SPACE
						3. Date Incorporated or Qualified	
		·····				01/10/1995	
2. Principal P	lace of Business	— <u> </u>	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			65-0546258	Not Applicable \$8.75 Additional
22		27	27			5. Certificate of Status Desired	Fee Required
City & State	е	City & Stat	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country		B. This corporation owes or has paid the co	real year Intangible
24 25 29 30				10		Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 81 Name						10. Name and Address of New Registered	Agent
KRAK, JOE 300 9TH STREET, N.					· · ·		
NAPLES FL 33940				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
ļ				83	•		
				84	City		85 Zip Code
44 Purguent	to the provisions of Continue 607	0500 and 007 1500 Etc	viete Dietotoe	45- 25		FL	-
agent. La	egistered agent, or both, in the St m familiar with, and accept the ob	rate of Florida. Such choligations of, Section 60	ange was aut 07.0505, Florid	horized by da Statutes	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: F	Registered Ager	t signature requir	red when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	-		1.1 TITLE			☐ Change ☐ Addition	
NAME	711-1111-1111		12 NAME				
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			1.4 CITY-ST 2.1 TITLE	- ZIP		Change Addition	
NAME	•		2.2 NAME				
STREET ADDRESS	2.3		2.3 STREET A	DDRESS			
CITY-ST-ZIP			2. 4 CITY - ST	- ZIP			
TITLE			3.1 TITLE			☐ Change ☐ Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET A	ľ		
CITY-ST-ZIP TITLE			DELET E	3.4. DITY-ST 4.1 TITLE	- Zir		☐ Change ☐ Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET A	DDRESS		
CITY-ST-ZIP			4.4 CITY - ST-	ZIP			
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET A			
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST-	ZIP		Change Addition

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 thanged, or on an attachment with an address.

6.2 NAME

63 STREET ADDRESS 64 CITY-ST-ZIP

FILED

Feb 09 1998 8:00am

Secretary of State