SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) 40 Stee



| ANNU | RPORATION JAL REPORT 1996 | Sandra B Secretar | Mortham ry of State CORPORATIONS | | |
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| | MENT # P9500 BEAN PEPPER POT, INC. | 00005108 (2) | | A HORITOGI IKO TATOL ONKIL DOSIH ORKIL DOS | SI Ba ill Bais i Bai s North (Bai s) (B) (B) |
| | | | | | |
| Principal Plac 18500 SAN FORT MYER | CARLOS BOULEVARD | Mailing Address 18500 SAN CARLOS BO FORT MYERS FL 33931 | ULEVARD | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 9 Principal C | Place of Business | 2a. Mailing Address | | 01/17/1995 4. FEt Number | NEW Applied For |
| 2. Principar P | race of business | 2a. Walling Address | | 65-0555881 | Not Applicable |
| Suite, Apt | #, e(c. | Suite, Apt # etc | | 5. Certificate of Status Desireo | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | te | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Ζιρ 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for in Florida Statutes | itangible tax under s. 199 032 |
| , | 9. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New Reg | istered Agent |
| KLOSS, J. SONIA 9061 QUAIL COURT FORT MYERS FL 33939 | | | 81 Name82 Street Add83 | fress (P.O. Box Number is Not Acceptable | |
| | | | 84 City | | FL 85 Zip Code |
| 11. Pursuant | t to the provisions of Sections 607.05 | 502 and 607.1508, Florida Statute | es, the above-named corp | poration submits this statement for the pu | rpose of changing its registered |
| agent la | registered agent, or both, in the stat am familiar with, and accept the obl- | te of Florida, Such change was a gations of, Section 607.0505, Flo | orida Statutes. | ion's board of directors. Thereby accept | the appointment as registered |
| agent La | | | | non's board of directors. I hereby accept | |
| SIGNATURE | Signature, typed or printe titlade of registered a | | it Registered Agent's gnature requi | non's board of directors. I hereby accept | DATe |
| | Square special productions on principles OFFICERS A | sportantice Cappination (NOI ND DIRECTORS DELETE | E. Rogistered Agent's gnature requ | ned when reporting) | DATe |
| SIGNATURE | Square special productions on principles OFFICERS A | sportantice Cappination (NOI ND DIRECTORS DELETE | E. Rogistered Agent's gnature requ | ned when reporting) | DATe |
| SIGNATURE 12. TITLE | Squete tradisprotetrice despressa OFFICERS A PRESI DENT KLOSS, J. SONIA 2448 SUNRISE | Specialistics Copposition (NOI UND DIRECTORS DELETE BLV D | 13. 11 TITLE 12 NAME 13 STREET ADDRESS | ned when reporting) | DATe |
| SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP | Square special productions on principles OFFICERS A | BLV D. L 33907 | 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP | ned when reporting) | ERS AND DIRECTORS IN 12 Change Addition |
| SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE | Squete tradisprotetrice despressa OFFICERS A PRESI DENT KLOSS, J. SONIA 2448 SUNRISE | Specialistics Copposition (NOI UND DIRECTORS DELETE BLV D | 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE | ned when renstating) | DATe |
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| SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE | PRESIDENT KLOSS, J. SONIA 2448 SUNRISE FORT MYERS, FI | BLV D. L 33907 | 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE | ned when renstating) | ERS AND DIRECTORS IN 12 Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS | PRESIDENT KLOSS, J. SONIA 2448 SUNRISE FORT MYERS, FI | BLV D. L 33907 | 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS | ned when renstating) | ERS AND DIRECTORS IN 12 Change Addition |
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| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT KLOSS, J. SONIA 3448 SUNRISE FORT MYERS, FI | BLUD. L 33907 DELETE | 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 3 STREET ADDRESS | ned when renstating) | ERS AND DIRECTORS IN 12 Change Addition Change Addition |
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CITY - ST - ZIP 14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, of on an attachment with an address

6.3 STREET ADDRESS

64 CITY ST ZIP

STREET ADDRESS

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-02-96 (941)466-9777