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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000005265 (0)

SUBLIME PIES, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				,	1 :006:000 (10 1010) 0(11) 0011) 00111 00	151 MB131 AB1A1 A118A 11A1A A11A1	2111 1891	
193 N COCONUT PALM BLVD. 208 CORAL RD					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
TAVERNIER I	FL 33070	ISLAMORADA FL 33036 US	ISLAMORADA FL 33036		DO NOT WRITE IN THIS SPACE			
		00			3. Date Incorporated or Qualified	III IIIIO GI AGE		
					01/20/1995			
2. Principal P	lace of Business	2a. Mailing Address		, , , , , , , , , , , , , , , , , , , 	4. FEI Number	Appli	ed For	
	9 US Hwy #1	26			65-0566281	Not A	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ' '		5. Certificate of Status Desired	□ \$8.75 Add		
22		27			3. 30. 30. 30. 30. 30. 30. 30. 30. 30. 30.	Fee Requ		
City & State		City & State	¬ ′		6. Election Campaign Financing	\$5.00 May Be		
Zip Country		28 Ziro	Zip Country		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible			
24	25 MONROE	29	30		Personal Property Tax due June		~	
	9. Name and Address of Current Registered Agent		100,		10. Name and Address of New Registered Agent		<u> </u>	
DA	NZIG, HENRY	···· — ···· — · — · — · — · — · — · — ·	8	1 Name				
	3 N COCONUT PALM BLVD.		8	2 Street Add	ress (P.O. Box Number is Not Acceptab	la)		
TAVERNIER FL 33070			Ľ		CORAL BOAD			
			8	3	•			
			8	4 City		85 Zip Co	de	
				ISLAI	MOLAOA poration submits this statement for the p	FL 3303	6	
office or r agent. I a	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida: Such change was a ations of, Section 607.05 05 , Flo	es, the abo luthorized I prida Statut	ve-named corp by the corporal es.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its re t the appointment as req	agistered gistered	
SIGNATURE								
12.	Signature, typed or printed name of registered ago OFFICERS AN		Registered A	gont signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	<u> </u>	
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Addition	
NAME	DANZIG, HENRY		1.2 NAMI					
STREET ADDRESS	208 CORAL ROAD		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	ISLAMORADA FL 3303	36	1.4 CITY-	- ST - ZIP				
TITLE	-	DELETE 2.1 1				Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP		Peren	2 4 CITY-SF-ZIP					
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐	Addition	
NAME			3 2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE			3.4. CITY 4.1 TITLE			Change	Addition	
NAME		<u> </u>	4. 2 NAM			L. Johango L		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 City				ĺ	
TITLE		☐ DEL ete	5.1 TITLE			Change	Addition	
NAME			5.2 NAME	.			-	
STREET ADDRESS			5.3 STRE	ET ADDRESS			-	
CITY-ST-ZIP		AV *** A	5.4 CITY	ST-ZIP				
TITLE		☐ DELET e	6.1 TITLE			Change [Addition	
NAME			6.2 NAME					
STREET ADORESS			6.3 STREI	et address				
CITY-ST-ZIP	ertify that the information supplied w	ith this filipp door not qualify to	6.4 CITY		Castian 140 07(0)(i) Florida Statutas II			

Increase certain 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 charged, or on an attachment with an address.

2/11.190