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

**FILED** Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000008800 (1) GREAT MIRACLE DONUTS, INC. Principal Place of Business Mailing Address 3701 S FEDERAL HWY 4900 N.W. 5TH AVE. **BOCA RATON FL 33431 BOYNTON BCH FL 33435** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Circle 1545 Not Applicable 65-0556528 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Ζıρ Country 8. This corporation owes or has paid the current year Intangible USA 24 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RI MENKHAUS, DAVID J OUNG 4800 N. FEDERAL HWY. 82 Street Address (P.O. Box Number is Not Ac SUITE 210-A 83 **BOCA RATON FL 33431** KATON Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607 0505, Florida Statutes. Pursuant to the provisions of Sections 607 0502 and 607 1508, office or registered agent, or both, in the State of Florida, Such SIGNATUE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE KNUEVEN, GERALD R. NAME 1.2 NAME **102 HAMILTON RD** STREET ADDRESS 13 STREET ADDRESS RIDGEWOOD NJ 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 21 TITLE TITLE KNUEVEN, SANDRA S. 2 2 NAME NAME 4930 NW 5TH AVE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE 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 changed, or on an attachment with an address.

SANDRA 5. KNUEVEN

5 1 TITLE

5 2 NAME

61 TITLE 62 NAME

DELETE

5.3 STREET ADDRESS

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY - ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CFTY - ST - ZIP

5201-494-7307

Change

Addition