## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Montham ...

Secretary of State

DIVISION OF CORPORATIONS

1996

2. Principal Place of Business

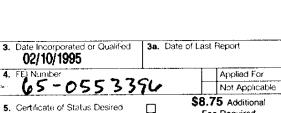
DOCUMENT # P95000011887 (3)
1. Corporation Name

PALM PLAZA SNACKS, INC.

Principal Place of Business Mailing Address

4414 BEE RIDGE RD. 4414 BEE RIDGE RD.
SARASOTA FL 34233 SARASOTA FL 34233

2a. Maling Address



22	Suite, Apt. #, etc.		Suite, Apt #	. etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Z <sub>i</sub> p	Country 25	Ζφ	Country 30	8. This corporation has liability for intang Florida Statutes		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				81 Name			

SHAPIRO, RICHARD A 2063 MAIN ST. SARASOTA FL

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DI	RECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
TITLE	President	☐ DELFTE	1. 1 TITLE		☐ Change	Addition
NAME	Richard Bloom		1.2 NAME			
STREET ADDRESS	1122 Bellow Cirk		1.3 STREET ADDRESS			
CITY - ST - ZIP	432 Bellin Circ Nollomo, CL 34275		1.4 CHY+ST+7IP			
ITLE	Sec/Tres	☐ DELETE	2 1 TiTLE		☐ Change	Addition
	Michael H. Bloom		2 2 NAME			
STREET ADDRESS	432 Bellini Cir. Mollomis, PC 342		2.3 STREET ADDRESS			
CHTY-ST-ZIP	nollomiz, PL 342	75	24 CITY ST ZIP			
TITLE		☐ DELETE	3 1 THILE		Change	Addition Addition
NAME			3.2 NAME	90000178	35369	
STREET ADORESS			3.3 STREET ADDRESS	90000175 -04/18/96010	41011	
CHTY - ST - ZIP			3 4 CITY - ST - ZIP	<b>***200,00</b>		
vitLE		☐ DELETE	4 1 TITLE		Change	☐ Addition
IAME			4.2 NAME			
TREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CiTY - ST - 7IP	M 24 - 1 MARTIN		
TETLE		☐ DEFELE	5 1 TI*LF		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5 4 CITY - ST - ZIP			
TITLE		☐ DELETE	6 1 TITLE		☐ Change	Addition
AME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City-ST-ZiP			6.4 C-TY - ST - ZIP			

14. Ido 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 the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/56

941-378-1160 05 4118-196