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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P95000011887

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90038 014 ***150.00

Principal Place of Business 4414 BEE RIDGE RD. SARASOTA FL 34233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Applied For Not Applicable \$8.75 Additional Fee Required \$5. Certificate of Status Desired Fee Required Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	PALM PL	LAZA SNACKS, INC.								
### ABER PROCE RD SARASOTA FL 34239 \$ARASOTA FL 34	Principal Place	of Business	Mailing Address					in Birn Abibi	THE STREET	
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2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For							3. Date Incorporated or Qualifed	_		1
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For							02/10/1995			1
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Pl	2a. Mailing Address						Ap	plied For	
27 Cily & State	21		26	26			65-0553396 Not App		t Applicable	
City & State Zip	Suite, Apt.	#, etc.				5. Certifcate of Status Desired		+-		
28							6. Election Campaign Financing \$5.00 May Be			May Be
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fioritia Statutes, the aboven-amend corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0502 and 607.1508, Fioritia Statutes, the aboven-amend corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboven-amend corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes. 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OTTY-51.73P 15. OBLIETE 15. OBLIET	23			<u>_</u>	, -		Trust Fund Contribution - Added to Fees			
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent SHAPIRO, RICHARD A 2063 MAIN ST. SARASOTA FL 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutas, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutas, the above-named 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. SIGNATURE 9 DELETE 1:ITILE 1 OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. 13. SIREET ADDRESS 07'-51-72P NOLLOMB FL 34275 TILE ST OBLETE 13. ITILE 13. ST OBLETE 13. ST OBLETE 14. ACTIV-51-72P NOLLOMB FL 34275 TILE 13. ST OBLETE 14. ACTIV-51-72P NOLLOMB FL 34275 TILE 14. ACTIV-51-72P NOLLOMB FL 34275 TILE 15. ST OBLETE 15. ST	Zip	· ·	Zip	— ·						
SHAPIRO, RICHARD A 2063 MAIN ST. SARASOTA FL 81 Sirvest Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sactions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both in the State of Florids. Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NWE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NWE 13. STREET ADDRESS 14. GITY-57-2P 10. DELETE 11. TITLE 12. ST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ST 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. STREET ADDRESS 17. Change 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. Change Addition 10. Change Addi	24			30						UNo
SHAPIRO, RICHARD A 2063 MAIN ST. SARASOTA FL 82 Street Address (P.O. Box Number is Not Acceptable) 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. In affertile with a decorpt the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In affertile was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In affertile was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In affertile was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered agent. In affertile was a state of Florida Statutes. In a		9. Name and Address of Current	t Registered Agent		04	Mana	10. Name and Address of New F	kegistered .	Agent	
2063 MAIN ST. SARASOTA FL 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the Door-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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byte day printed name of implement agent and tise if applicable. (POTE Resistered Agent algorithms required when reinstations): OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D. Change Addition NAME BLOOM, RICHARD 12.11TILE Change Addition NAME STREET ADDRESS ASSTREET ADDRESS NOLLOMB FL 34275 L4 CITY-ST-ZP TITLE ST DELETE 2.11TILE Change Addition NAME BLOOM, MICHAEL H 2.2 STREET ADDRESS STREET ADDRESS 3.3 STREE	CHA				°'	Name				
### City ### FL ### Statement for the provisions of Sections 697.0502 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. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ### Signature, Typing or printed name of registered agent and title of appointment as registered Agent upneture required when reintainty) ### DESTRIET ADDRESS OF THE PROPERTY OF TH					82	Street Addr	ess (P.O. Box Number is Not Accepta	able)		
The presument to the provisions of Sections 607.0502 and 607.1508, Fiorida 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. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE P	SAR	ASOTA FL			83					
11. Pursuant to the provisions of Sections 607 (502 and 607 (508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorisated by the corporation's board of directors. I hereby accept the appointment as registered agent in an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. P					84	City	······································	FL	85 Zip (Code
TITLE	agent. I at	m familiar with, and accept the obligat	tions of, Section 607.0505, F	TE: Registered	utes.	-	d when reinstating)	OATE		
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SKING OFFICER OR DIRECTOR

4/6/53 S41-37

541-378-1160 Daytime Phone #