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

| ì | MENT # P9500 DONATELLI CAKE DESIG | • | | | | | | |
|---|--|---|----------------------------|-----------------------------------|---|---|---------------------------------|---|
| Principal Place | e of Business | Mailing Address | | | { | / | 10 E 10 11 E | |
| 1110 E DONEGAN AVE SUITE 4 KISSIMMEE FL 34744 | | 1110 E DONEGAN AVE SUITE 4 KISSIMMEE FL 34744 | | DO NOT WRITE IN THIS SPACE | | | | |
| US | F 44.44 | US | | 3. Date incorporated or Qualified | | | | |
| | | | | | 03/14/1995 | | | |
| 2. Principal P | ace of Business E Donegan Ave | 2a. Mailing Address 26 | | | 4. FEI Number 59-3302479 | | — | oplied For ot Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | Certificate of Status Desired | | \$8.75 | |
| City & State | | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 24 Zin 34744 Country LSA | | Zip Country | | | Trust Fund Contribution 8. This corporation owes or has pa | _ | rent year Int | |
| | | 29 | | | Personal Property Tax due June 30. Yes No | | | |
| | 9. Name and Address of Curre | nt Hegistered Agent | 81 | Name | 10. Name and Address of New Re | gistered A | \gent | |
| DONATELLI, KAREN 837 HORSESHOE BAY DR. KISSIMMEE FL 34741 | | | | | 10.0.0 | | | |
| | | | 82 | Street Add | ress (P.O. Box Number is Not Accepta |) | | |
| | | | 84 | City | | | lor Zin | Code |
| | | | 07 | City | | FL | 85 Zip (| Code |
| SIGNATURE | Signature, typed or printed many of requisited act | | | | poration submits this statement for the tion's board of directors. I hereby accessing who reinstating) ADDITIONS/CHANGES TO OFFI | DATE | | |
| TITLE | D OFFICE HS AN | DELETE | 1.1 TITLE | | ADDITIONS/CHANGES TO OFFI | JEHO AND | Change | Addition |
| NAME | DONATELLI, KAREN | | 1.2 NAME | } | | | o,i.a.i.g. | |
| STREET ADDRESS | 837 HORSESHOE BAY DR. | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | KISSIMMEE FL 34741 | | 1.4 CITY - S | | | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | | Change | Addition |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 2.3 STREET | address (| | | | |
| CITY-ST-ZIP | | T Series | 2. 4 CITY-5 | I - ZIP | | | По | 1 |
| TITLE | ☐ DELETE | | 3.1 TITLE | 1 | | | Change | Addition |
| NAME | | | 3.2 NAME | ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | 3.3 STREET | | | | | |
| TITLE | | ☐ DELĒTĒ | 3.4. CITY - S 4.1 TITLE | 1-21 | | | Change | Addition |
| NAME | | | | | | | | |
| STREET ADDRESS | | | 4. 2 NAMÉ 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CiTY-S | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5 3 STREET | address | | | | |
| CITY-ST-ZIP | | | 54 CITY-S | T- ZIP | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 6.2 NAME | [| | | | |
| STREET ADDRESS | | | 6.3 STREET | | | | | |

14. Thereby 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 comprisation 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 chapter 607, florida statutes.

Anul 27 1998

FILED

May 05 1998 8:00am

Secretary of State