05-06-1999 90254 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000020803

1. Corporation Name

KAREN DONATELLI CAKE DESIGNS, INC.

	-					
Principal Place of Business Mailing Address					/ 100/1004 (14 /B(B) 0/11/ 08/11 08/11 B011/ 08/11) 11814 88181 18111 88188 1111 188 1
1110 E DONESAN AVE 1110 E DONESAN AVE						
SUITE 4 SUITE 4 KISSIMMEE FL 34744 KISSIMMEE FL 34744					DO NOT WRITE IN THIS	S SPACE
US US US					Date Incorporated or Qualifed	
30 /		•9			03/14/1995	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 513	PARK AVE SOUTH	+ 26 837 Horse	SHOE	BAY DE	2 59-3302479	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			3. Certificate of Status Desired	Fee Required
City & State					6. Election Campaign Financing	\$5.00 May Be
	ITER PARK, FLA	28 KISSIMMEE	FLA		Trust Fund Contribution	Added to Fees
Zip	89 25 USA	Zip 34741 F	Countr	y ISA	This corporation owes the current year Ir	ntangible ☑ Yes □No
24 327	9. Name and Address of Curre	123	30 V	<u></u>	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Curre	it Registered Agent	8	1 Name	to. Hame and pleased of New Registers	
DONATELLI, KAREN				2 24 24	dure (D.O. Burklushes in Net Appentable)	
837 HORSESHOE BAY DR.				2 Street Add	dress (P.O. Box Number is Not Acceptable)	
KISSIMMEE FL 34741				3		
-				4		85 Zip Code
				4 City	Fl	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Florida Statute:	s, the abo	ve-named corp	poration submits this statement for the purpose of	f changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut ations of, Section 607.0505, Flori	thorized b da Statute	y the corporati s.	ion's board of directors. I hereby accept the appo	
SIGNATURE	1 K 10 1	metelli			5.1.	99
Signature, types or printed name of regulared agent and title if applicable. (NOTE: Re				ent signature requir	red when reinstating) DATE	
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	DOMATELLI KAREN	☐ DEFECE	1.1 TITLE			
NAME	Donatelli, Karen 837 Horseshoe Bay Dr.		1.2 NAME			
STREET ADDRESS	KISSIMMEE FL 34741			ET ADDRESS		
CITY-ST-ZIP TITLE	DELETE		1.4 CITY- 2.1 TITLE	51-ZIP		☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	1		
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CIT*-ST-ZIP			3.4. CITY-	ST-ZIP		
τπιΈ		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4, 2 NAM	-		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		☐ DELETE	5 1 TITLE	I .		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		O per ette	5.4 CITY- 6.1 TITLE			Change Addition
TITLE		☐ DELETE	O.I HILLE			□ Origings □ Mudition

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 for on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

467, 740,7933