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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000025449 (6)

MUFFINS & THINGS, INC.

TITLE

NAME

STREET ADDRESS

Principal Place of Business 4505 131 ST AVENUE NORTH SUITE 12 CLEARWATER FL 34622		Mailing Address P.O. BOX 7244 ST. PETERSBURG FL 33734-7244 US			
US				3. Date Incorporated or Qualified 03/30/1995	3a. Date of Last Report 04/24/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3307481	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	7ip	Country 30	8. This corporation has liability for in	710000101000
	9, Name and Address of Curren			10. Name and Address of New Reg	
SCHECHT, NEIL S 4830 W. KENNEDY BLVD. SUITE 280 TAMPA FL 33809			83 84 City	ddress (P.O. Box Number is Not Acceptabl	FL 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 office or 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, typed or printed name of registered agent and title if applicable (NOT, Registered Agent and title if applicable)			(. Registered Agent's gnature re-	quired when reinstaling)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	TALIOUNITY MELICON A	DELETE	1.1 TITLE		Change Addition
NAME	744 ANTH AVE. NODTH		1.2 NAME		
STREET ADDRESS	ST. PETERSBURG FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	TAUCHMITZ, MARC		2.2 NAME		E3 change E3 Addition
STREET ADDRESS	711 48TH AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - 7IP		
TITLE		DELETE	4.1 TITLE		Change  Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4 4 CITY-ST-ZIP		
TITLE NAME			5.1 TITLE		L. Change L Addition
STREET ADDRESS			5.2 NAME		
City-St-7/P			5.3 STREET ADDRESS		

14. I do 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 appendices.

6.3 STREET ADDRESS

6.1 TH LF

6.2 NAME

DELETE

11/22/97/03/07/21215

Change

Addition

**FILED** 

Apr 30 1997 8:00am

Secretary of State