

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028966 (6)

1. Corporation Name

THE DELECTABLE DONUT FACTORY, INC.



Principal Place of Business

Mailing Address

% BARRY A. EISENSEN, ESO.
777 SOUTH STATE ROAD 7, SUITE 12
MARGATE FL 33068

% BARRY A. EISENSEN, ESO.
777 SOUTH STATE ROAD 7, SUITE 12
MARGATE FL 33068

3. Date Incorporated or Qualified

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 2900 W. SAMPLE RD.

26 5550 A LAKEWOOD CIR.

4. FEI Number

Applied for

155-0576978

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 FM 301

27 C/O ANN GOLDSMITH

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 POMPANO BEACH, FL

28 MARGATE FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33067

25 USA

29 33063

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EISENSEN, BARRY A
777 SOUTH STATE ROAD 7
SUITE 12
MARGATE FL 33068

81 Name

GUY GRAY CFE

82 Street Address (P.O. Box Number is Not Acceptable)

2675 ALBATROSS RD. N.

83

PELRAY BEACH

84 City

FL

85 Zip Code

33444

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

GUY GRAY

7-30-96

Signature of officer or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GOLDSMITH, ANN
STREET ADDRESS % 777 SOUTH STATE ROAD 7, SUITE 12
CITY-ST-ZIP MARGATE FL 33068

TITLE
NAME
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CITY-ST-ZIP

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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ann Goldsmith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96

954-975-5970

Day

Daytime Phone #

CR2E034 (3/96)