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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sendra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## 1996

DOCUMENT # P95000030397 (0)

1.	Corporation Name	

R & D DELIGHTS, INC. Mailing Address Principal Place of Business 18534 NW 67TH AVENUE POST OFFICE BOX 170665 MIAM! FL 33015 MIAM! FL 33017 3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0581874 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Zip Florida Statutes Yes [] No 30 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLANTON, DAVID Street Address (P.O. Box Number is Not Acceptable) 82 6133 NW 181ST TERRACE CIRCLE SOUTH 83 **MIAMI FL 33015** City 84 Zip Code 85 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. Thereby 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 (NOTE: Registured Agent signature required when reinstating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1 1 TITLE DAVID CLANTON TITLE PRESIDENT CR2E034 1.2 NAME 6133 NW 181 TERCIR SO NAME 1.3 STREET ADDRESS STREET ADDRESS MIAMI, FR 33015 1.4 CITY - ST - ZIP CITY-ST-ZIP SECRETARY VICE-PRESIDENT Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME COISE NW 181 TERCIRSO 2.3 STREET ADDRESS STREET ADDRESS MIAMI, FC 33015 24 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3 1 TITLE Change TITLE NAME 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change DELETE TITLE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition THILE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST - ZIP CHY-S1-7IP

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 lightcated 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 of 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 plunged, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

305-520-00 Daytine Phone #