FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

GELLER, ROGER

3013 95TH DR E

1. Corporation Name	OCUMENT # P95000034053 (5) ROGER'S DESSERTS, INC.			
Principal Place of Business	Mailing Address			
3013 95TH DR E PARRISH FL 34219	3013 95TH DR E Parrish Fl 34219			
		3. Date Incorporated or Qualified 05/01/1995	3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For	
21	26	65-057687	Not Applicable	
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State	City & Stafe	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Countr 24 25	Zip Crunty 29 30	8. This corporation has liability for in Florida Statutes Yes		
	s of Current Registered Agent	10. Name and Address of New Re		
<u> </u>	81 Nam		Storeton Differen	

PARRISH FL 34219 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the atlove-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 coloporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12.	OFFICERS AND DIRECTORS		13. Hope fored A _i * 18 grid and to pre-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	□ DELETE	1 ' TITL'		Addition
NAME	Geller, Roger		1.2 NAM		
STREET ADDRESS	3013 95TH DR E		1.3 STREET ADDRESS		
CITY - ST - ZIP	PARRISH FL 34219		1.4 DITY - \$1 - ZiP		
TITLE	V	DELFTE	2 11/10-	Change [Addition
NAME	Geller, Thomas		2.2 NAM		
STREET ADDRESS	3013 95TH DR E		2.3 STREET ADDRESS		
CITY - ST - ZIP	PARRISH FL 34219		2.4 DITY - ST - ZJP		
TLE		☐ DELETE	3 1 T/TL-	Change [Addition
IAME			3.2 NAM 1		
STREET ADDRESS			3.3 STRIEL ADDRESS		
CITY - ST - 7:P			3.4 DITY ST-7/P		
IITLE		☐ DELETE	4 1 TITL:	☐ Change ☐	Addition
NAME			4.2 NAM .		
STREET ADDRESS			4.3 STRE 11 ADDRESS		
CITY - ST - ZIP			4.4 O(TY \$1-7)P		
TITLE		☐ DELF1E	5 1 TiTL*	☐ Change ☐	Addition
NAME			5.2 NAM		
STREET ADDRESS			5.3 STRE: FADDRESS		
CITY - ST - ZIF			5.4 CITY ST-ZIF		
ITLE		☐ DELETE	6 1 lift	Change [Addition
NAME			6.2 NAM		
STREET ADDRESS			6.3 STREET ADDRESS		
CITA - 215			6.4 2ITY S1.7IP		

■ 64 JTM S1-20F

14. Ido 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 trusted empowers, 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 an address

SIGNATURE:

POSER S. GELLUITED NAME OF SIGNING OFFICER OR DIRECTOR

4/ertsc

CR2E034 (12/95)