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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000036172 (1)

FILED Mar 16 1998 8:00am Secretary of State

CLAIRE'S FANCY FOODS, INC.								
DBA		TAURANT & PASTRY SHO	OP, INC.					
Principal Place of Business Mailing Address						III WB C B# 1 86(#	11181 PER 118	910 1191 1997
1759 N.W. 2ND AVENUE 1759 N.W. 2ND AVENUE BOCA RATON FL 33432 BOCA RATON FL 33432					DO NOT WRITE	IN THIS S	PACE	
į					3. Date Incorporated or Qualified			
					05/03/1995			
2. Principal P	Place of Business	2a. Mailing Address	·		4. FEI Number			pplied For
21		26			65-0583467			lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·				/		Additional
22		27			5. Certificate of Status Desired	OX/		lequired
	City & State City & Stat				6. Election Campaign Financing			May Be
23	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes or has pa	id the curre		
24	25	29	30		Personal Property Tax due June			□ No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re			
LHO	OTKA, JOSEPH		81 N	ame				
1759 N.W. 2ND AVENUE				reet Aridre	ss (P.O. Box Number is Not Acceptab	اهام		
BOCA RATON FL 33432			82 St	POOL MODIO	as (1.0. box redifiber is redi Acceptate	ilo)		
			83					
			84 Ci	itv	·		es 7in	Code
			Į į	•		FL	1 1 1	
11. Pursuant	to the provisions of Sections 607.09	502 and 607.1508, Florida Statutes	s, the above-na	med corpo	ration submits this statement for the pin's board of directors. I hereby accep	urpose of c	hanging i	ts registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes.	corporatio	in's board of directors, I hereby accep	ot the appo	ntment as	registered
SIGNATURE								l
	Signature, typed or printed name of registered a		Registered Agent sig	nature required		DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELET E	1.1 TITLE			Ł	Change	Addition
NAME	LHOTKA, JOSEPH		1.2 NAMÉ					;
STREET ADDRESS	1759 N.W. 2ND AVENUE		1.3 STREET ADDR	RESS				
CITY-ST-ZIP	BOCA RATON FL 33432	T DELETE	1.4 CITY - ST - ZIP					
TITLE		DELETE	2.1 TITLE	- 1		Ĺ	Change	☐ Addition
NAME			2.2 NAME					ļ
STREET ADORESS			2.3 STREET ADDR			7.%		1
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIF				7 6.	
ŀ		ויין הכרכוב	3.1 TITLE	-		L	_ Change	Addition
NAME STORET ADDOCCO			3.2 NAME	[•			
STREET ADDRESS			3.3 STREET ADOR	j				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY+ST-ZIP	<u>'</u>			TChenna	April 18 and
NAME			4.1 TITLE			L	Change	☐ Addition
STREET ADDRESS		•	4. 2 NAME					1
CITY-ST-ZIP			4.3 STREET ADDR					
TITLE		DELETE	4.4 CiTY - ST - ZIP 5.1 TiTLE				Change	Addition
NAME			5.1 HILE 5.2 NAME			L-	i Autorific	- AUDICION
STREET ADDRESS			5.3 STREET ADDR	FCC				
CITY-ST-ZIP				133				
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE				Change	Addition
NAME			6.2 NAME			<u> </u>	oneilge .	L. Addition
STREET ADDRESS			6.3 STREET ADORE	F 90]
CITY-ST-ZIP								
dir to tale			6.4 CITY-ST-ZIP					

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, or on an attachment with an address.