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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P95000046406 (1)

PRETZEL PEOPLE POMPANO, INC.

FILED Feb 17 1998 8:00am Secretary of State



| Principal Plac | ce of Business | | Mail | ing Address | | | | 1 LOGINOON DEA LOGAL AND THE DOLL OR ON THE DOLL | ı Gibin bilil bibil | 99118 9 111 1981 |
|---|--|---|---------------|--|---|---|-------------------------------|--|---------------------|-----------------------------|
| 2900 W. SAMPLE RD. #281 POMPANO BEACH FL 33073 US | | | | 2900 W. SAMPLE RD. #281 POMPANO BEACH FL 33073 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | U | US | | | | 3. Date Incorporated or Qualified | | |
| 9 Principal F | Place of Busine | nce | 2- 1 | Mailing Address | | | | 06/12/1995 4. FEI Number | 1 1 | -alia d C |
| 21 | | | | 26 | | | | 65-0587584 |) - | pplied For ot Applicable |
| Suite, Apt. #, etc. | | | | Suito, Apt. #, etc. | | | | | | Additional |
| 22 | | | | 7 | | | | 5. Certificate of Status Desired | , | equired |
| City & State | | | | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | | | 28 | | | · | Trust Fund Contribution | | to Fees |
| Žip | | | | Zip Country | | | | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 25 29 Name and Address of Current Regi | | | 30 | | | | Personal Property Tax due June 30. Yes No | | |
| | | | ent Hegiste | rea Agent | | 81 | Name | 10. Name and Address of New Registers | a Agent | |
| | | MARTIN T JR. | | | | | Name | | | |
| 2900 W. SAMPLE RD. #281 | | | | | | 82 | Street Add | lress (P.O. Box Number is Not Acceptable) | | |
| POMPANO BEACH FL 33073 | | | | | | 83 | ~ | | | |
| • | SIM MIC D | | | | | 1 | - | | | |
| | | | | | | 84 | City | F | L 85 Zip | Code |
| 11. Pursuant | to the provision | ons of Sections 607.05 | 02 and 607 | .1508, Florida Statu | les, the a | above | -named cor | poration submits this statement for the purpose than's board of directors. I hereby accept the a | of changing | ts registered |
| agent. I a | registered age am fa miliar with | nt, or b oth, in the staten, and accept the obli | gations of, S | Section 607.05 0 5, FI | orida Sta | eu by atutes | тие согрога - | man's board of directors, I hereby accept the a | эронитют аз | registerea |
| SIGNATURE | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Signature typed or printed namin of registered agent and 12. OFFICERS AND DI | | | | | Register | | nt signature requ | DATE ADDITIONS/OHANGES TO OFFICERS A | UD DIDECTO | DC IN 10 |
| 12. | D | OI TIOUNG A | NO DIRECT | DELETE | | TITLE | | ADDITIONS/CHANGES TO OFFICERS A | Change | Addition |
| NAME | _ | AR, MARTIN T JR. | | LLI SELLIE | | NAME | | | CT OHOUNG | |
| STREET ADDRESS 55 W. PALM AVE | | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | VORTH FL | | | - 1 | CITY-ST | - 1 | | | |
| TITLE | | | | DELETE | | TITLE | | | Change | Addition |
| NAME | | | | | 221 | NAME | | | | |
| STREET ADDRESS | j | | | | 235 | STREET | ADDRESS | | | j |
| CITY-ST-ZIP | | | | | 2 4 | CITY-S | 1 - ZIP | | | |
| TITLE | | | | DELETE | 3.11 | 1171.6 | | | | 7 A 2400 |
| NAME | | | | E.J OLELIE | | 11120 | I | | Change | L_ Addition |
| STREET ADDRESS | | | | | 3.2 h | NAME | | | Change | L_1 Addition |
| CITY-ST-ZIP | | | | | | NAME | ADDRESS } | | Change | L_1 Acquiron |
| TITLE | | | | | 3.3 S 3.4.0 | NAME STREET A | | | | |
| | | | | DELETE | 3.3 S 3.4.0 | NAME STREET A CITY - ST | | | Change Change | Addition |
| NAME | | | | | 3.3 S 3.4.0 4.1 T 4. 2 | NAME STREET A CITY - ST TITLE NAME | T-ZIP | | | |
| STREET ADDRESS | | | | | 3.3 S 3.4 0 4.1 T 4.2 4.3 S | NAME STREET / CITY - S TITLE NAME STREET / | T-ZIP ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | DELETE | 3.3 S 3.4 .0 4.1 T 4.2 2 4.3 S 4.4 C | NAME STREET / CITY - ST TITLE NAME STREET / CITY - ST | T-ZIP ADDRESS | | Cnange | Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE | | | | | 3.3 S 3.4.0 4.1 T 4.2 4.3 S 4.4 C 5.1 T | NAME STREET / CITY-S' TITLE NAME STREET / CITY-ST | T-ZIP ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | | DELETE | 3.3 S 3.4.0 4.1 T 4.2 S 4.3 S 4.4 C 5.1 T | NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE | 1-ZIP ADDRESS -ZIP | | Cnange | Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | DELETE | 338 34.4 4.11 4.2 4.35 4.40 5.11 5.2 h | NAME STREET A CITY-S' TITLE NAME STREET A CITY-ST TITLE NAME | 1-ZIP ADDRESS -ZIP ADDRESS | | Cnange | Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP | | | | DELETE | 338 34.4 4.11 4.2 4.3 9 4.4 0 5.1 1 5.2 h 5.3 8 | NAME STREET / CITY-S' TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST | 1-ZIP ADDRESS -ZIP ADDRESS | | Change | Addition Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | DELETE | 33 \$ 34.4 4.11 4.2 4.3 \$ 4.4 C 5.1 1 5.2 M 5.3 \$ 5.4 C 6.1 1 | NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST | 1-ZIP ADDRESS -ZIP ADDRESS | | Cnange | Add:tion |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE | | | | DELETE | 338 34.1 4.11 4.2 4.35 4.40 5.11 5.2 h 5.3 S 5.4 C 6.11 | NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / | 1-ZIP ADDRESS -ZIP ADDRESS | | Change | Addition Addition |

14. Thereby 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.