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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000047823 (6)**

1. Corporation Name

TASTE-T, INC.

Principal Place of Business	Mailing Address
11234 N.W. 43RD CT. CORAL SPRINGS FL 33065	11234 N.W. 43RD CT. CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: **06/16/1995**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21: 10665 Wiles Rd.C.S.
Suite, Apt. #, etc.
22: (Bay 11)
City & State
23: Coral Springs, 33071
Zip / Country
24: FL 25: USA

2a. Mailing Address
26: 11234 NW 43CT
Coral Springs 33065
Suite, Apt. # etc.
27:
City & State
28: FL
Zip / Country
29: 30: USA

4. FEI Number: 65-0617200 — X Applied For / Not Applicable

5. Certificate of Status Desired: ☐ No — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ No — **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

REGNIER, EDWARD
4271 LAGO WAY
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name: James R.Dowell
82 Street Address (P.O. Box Number is Not Acceptable): 11234 NW 43rd Ct
83:
84 City: Coral Springs **FL** 85 Zip Code: 33065

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: X James R. Dowell, President X — June 14, 1996
(Signature of President or Director) (Typed or Printed Name of Person Signing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Owner/Secretary James R. Dowell 11234 NW 43 Court Coral Springs, FL 33065 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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***225.00

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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)(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.

SIGNATURE: James R. Dowell — June 14, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # (954) 741-8831

7/18/96