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FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000049920 (8)

1. Corporation Name

DIADRE' FINE CHOCOLATE BY DESIGN, INC.

Principal Place of Business

Mailing Address

400 INDIAN ROCKS ROAD
SUITE C
BELLEAIR BLUFFS FL 34640
*501 Main Str.
Dunedin, FL
34698*

400 INDIAN ROCKS ROAD
SUITE C
BELLEAIR BLUFFS FL 33770-2059
*1421 Court Str., B
Clearwater, FL
34616*



2. Principal Place of Business

21 *501 Main Str.*

Suite, Apt. #, etc.

22 City & State
Dunedin FL

23 Zip
34698

25 Country
Pineellas

2a. Mailing Address

26 *1421 Court Str., B*

Suite, Apt. #, etc.

27 City & State
Clearwater FL

28 Zip
34616

30 Country
Pineellas

3. Date Incorporated or Qualified
06/27/1995

3a. Date of Last Report
04/23/1996

4. FEI Number
59-3323750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

10. Name and Address of New Registered Agent

HERSEM, THOMAS G
400 INDIAN ROCKS ROAD
SUITE C
BELLEAIR BLUFFS FL 34640

*1421 Court Str., B
Clearwater, FL
34616*

81 Name

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

83

84 City

FL

85 Zip Code

14. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME *PSTD*
STREET ADDRESS *BASAGIC, JOHN*
CITY-ST-ZIP *400 INDIAN ROCKS ROAD, SUITE C 501 Main Str.
BELLEAIR BLUFFS FL 34640 - Dunedin FL*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

*600002150596
-04/22/97--01049--040
***165.00*

14. I do 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.

SIGNATURE: *[Signature]* REQUIRED

4-5-97

CR2E034 (9/96)