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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

1. Corporation Name

Principal Place of Business	Mailing Address		
501 MAIN ST.	1421 COURT ST. B		

FILED Feb 23 1998 8:00am Secretary of State

DIADRE FINE CHOCOLATE BY DE	oldin, into			
Principal Place of Business	Mailing Address	····	1 100(100(1)0 10)0) 0 (1) 0 11) 0 11) 10(1) 0 11)	O 1910 I 19110 I BATO EL BET DE BATA FART
501 MAIN ST.	1421 COURT ST. B			
DUNEDIN FL 34698	CLEARWATER FL 34616		DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualified	10 OI NOE
			06/27/1995	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
	26		59-3323750	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	28 Zip	Country	8. This corporation owes or has paid the	Added to Fees
24 25	29	30	Personal Property Tax due June 30.	Yes No .
9. Name and Address of Current			10. Name and Address of New Registers	ed Agent
HERSEM, THOMAS G		81 Name		
1421 COURT ST. B		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34616		on dot i hour	(, o. box rames to rect to optable)	
		83		
		84 City		85 Zip Code
		- ",		L
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate 	and 607.1508, Florida Sta tut of Florida. Such change was a ions of, Section 607.0505. Flo	es, the above-named corp- authorized by the corporationida Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE				
Signature, typed or printed name of registered agent	<u>.</u>	E: Registered Agent signature require	ed when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE PSTD	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME BASAGIC, JOHN		1.2 NAME		
STREET ADDRESS 501 MAIN ST. CITY-ST-ZIP DUNEDIN FL 34698		1.3 STREET ADDRESS		i
CITY-ST-ZIP DUNEDIN FL 34698	☐ DELETE	1.4 C(TY - ST - Z(P) 2.1 T)TLE		Change Addition
NAME	perce	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST-ZIP		·
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE	L' DETER	6.1 TITLE		T change T Mudition
NAME OVEREZ ADDRESS		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CffY-ST-ZIP 14. I hereby certify that the information supplied with	n this filing does not qualify fo	6.4 CITY-ST-ZIP or the exemption stated in S	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.