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

PROFIT CORPORATION ANNUAL REPORT -

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P95000 FINE CHOCOLATE BY DES				
Principal Place	e of Business	Mailing Address		D INDISTANT ICH ENGEL MESTC MOUC ANTIL MARECANA	il Billio ilito iliti don todi
501 MAIN ST.		1421 COURT ST. B			
DUNEDIN FL 34698 CLEARWATER FL 34616					
				DO NOT WRITE IN TH	IS SPACE
		_		3. Date Incorporated or Qualifed 06/27/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3323750	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		and the second s	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 .		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	¬ '	8. This corporation owes the current year I	Intangible No
24	9. Name and Address of Curren	29 3	01	Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address of Current	t Registered Agent	81 Name	FO. Italie and Address of Item Registers	a rigotti
HERSEM, THOMAS G					
1421 COURT ST. B			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34616			83		
			•		
			84 City	F	85 Zip Code
agent. I a SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes. egistered Agent signature require		24-99
TITLE	PSTD	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
	BASAGIC, JOHN	, Dettere	1.2 NAME		
NAME	501 MAIN ST.		1.3 STREET ADDRESS	•	
STREET ADDRESS	DUNEDIN FL 34698		.		
CITY-ST-ZIP	DUNEDIN FE 34030	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE		- DELETE	2.3 IIILE 2.2 NAME	•	
NAME	· ·				ļ
STREET ADDRESS		,	2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	<u> </u>	☐ Change ☐ Addition [
TITLE FILE: A JAPANE	ر در	La DELETE	3.2 NAME	المساورة والمراجع السيبية بالسادات والمراج المستني	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE	•	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		• •	4, 2 NAME		
STREET ADORESS	,		4.3 STREET ADDRESS		ł
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS		•	5.3 STREET ADDRESS	•	·
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Addition
TITLE		□ DELETE	6.1 TITLE	•	☐ Change ☐ Addition

14. 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 affectment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADORESS