

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90272 040 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000051276**  
 1. Corporation Name  
**BITE ME SNACKS, INC.**



Principal Place of Business: 8326 CASCADE OAKS DRIVE, ORLANDO FL 32822  
 Mailing Address: 8326 CASCADE OAKS DRIVE, ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 06/28/1995  
 4. FEI Number: INCORRECT - 59-3305980, 59-3309830  
 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax: Yes  No

9. Name and Address of Current Registered Agent  
**ZUHR, HEATHER A**  
**8326 CASCADE OAKS DRIVE**  
**ORLANDO FL 32822**

10. Name and Address of New Registered Agent  
 81 Name: **Heather A. Dejkunhorn**  
 82 Street Address: (P.O. Box Number is Not Acceptable)  
 83: **same**  
 84 City: **FL** 85 Zip Code

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: *[Signature]* **Heather A. Dejkunhorn** DATE: **4-20-99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZUHR, HEATHER A	
STREET ADDRESS	8326 CASCADE OAKS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ZUHR, DAVID R.	
STREET ADDRESS	8326 CASCADE OAKS DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, OWNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HEATHER A. DEJKUNHORN	
1.3 STREET ADDRESS	8326 CASCADE OAKS DR.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32822	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Heather A. Dejkunhorn** DATE: **4-20-99** DAYTIME PHONE #: **407 482 2177**

CR2E034 (11/98)