FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

ENTERED MAR 14 1996

DOCUMENT # P95000061991 (2)

1. Corporation Name

DESSERT CAFES, INC.

Principal Place of Business	Mailing Address
5600 GULF BLVD. ST. PETERSBURG BEACH FL 33706	5600 GULF BLVD. ST. PETERSBURG BEACH FL 33706

3. Date Incorporated or Qualified: 08/10/1995
3a. Date of Last Report:

4. FEI Number: 59-3331390 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

HUDOCK, LESLIE W
601 BAYSHORE BLVD.
SUITE 700
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: Sheryl H. Andrews
82 Street Address (P.O. Box Number is Not Acceptable): 5600 Gulf Blvd.
83
84 City: St. Pete Beach FL 85 Zip Code: 33706

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] DATE 3/6/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D P ☒ Change ☐ Addition
NAME	SHERMAN, RICHARD E		1.2 NAME	
STREET ADDRESS	5600 GULF BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PEBTERSBURG BEACH FL 33706		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	D CEO ☒ Change ☐ Addition
NAME	GIVENS, JEFFREY		2.2 NAME	
STREET ADDRESS	310 DAVENPORT ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO M5R 1K6		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	D V S T ☒ Change ☐ Addition
NAME	BARNEY, TOM		3.2 NAME	
STREET ADDRESS	5600 GULF BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BAUERSACHE, BOB		4.2 NAME	
STREET ADDRESS	5600 GULF BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TOTH, DREW		5.2 NAME	
STREET ADDRESS	5600 GULF BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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***200.00

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)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 562-1221 Daytime Phone #
3-26-96

CR2E034 (12/95)