

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 25 1997 8:00am  
Secretary of State

DOCUMENT # P95000061991 (2)

1. Corporation Name  
**DESSERT CAFES, INC.**



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

Mailing Address  
**5600 GULF BLVD.  
ST. PETERSBURG BEACH FL 33706-2248**

3. Date Incorporated or Qualified  
**08/10/1995**

3a. Date of Last Report  
**03/26/1996**

2. Principal Place of Business  
**21 29277 U.S. Hwy 19 N**

2a. Mailing Address  
**26 Suite, Apt. #, etc.**

4. FEI Number  
**59-3331390**

Applied For  
☐ Not Applicable

22 City & State  
**23 Clearwater, FL**

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State  
**24 34621**

25 Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 34621

25 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**ANDREWS, SHERYL H  
5600 GULF BLVD.  
ST. PETERSBURG BEACH FL 33706**

10. Name and Address of New Registered Agent

81 Name

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

83

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	SHERMAN, RICHARD E	5600 GULF BLVD.	ST. PETERSBURG BEACH FL 33706	<input type="checkbox"/>
CEO	GIVENS, JEFFREY	310 DAVENPORT ROAD	TORONTO ONTARIO M5R 1K6	<input type="checkbox"/>
VST	BARNEY, TOM	5600 GULF BLVD.	ST. PETERSBURG BEACH FL 33706	<input type="checkbox"/>
D	BAUERSACHE, BOB	5600 GULF BLVD.	ST. PETERSBURG BEACH FL 33706	<input type="checkbox"/>
D	TOTH, DREW	5600 GULF BLVD.	ST. PETERSBURG BEACH FL 33706	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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]* 3/6/97 (112) 202 9461

CR2E034 (9/96)