


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

FILED

Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000076540 (0)**

1. Corporation Name
SILVER LAKES TREATS, INC.

Principal Place of Business
**17722 PINES BLVD
PEMBROKE PINES FL 33029
US**

Mailing Address
**% CHARLES L. CUTLER
4055 FERN FORREST ROAD
COOPER CITY FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/06/1995

4. FEI Number
65-0616935

Applied For
☐ Not Applicable

6. 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**MORANTE, THOMAS F
SUITE 500, SUNBANK BLDG.
777 BRICKELL AVENUE
MIAMI FL**

10. Name and Address of New Registered Agent

81 Name **Charles Cutler**
82 Street Address (P.O. Box Number is Not Acceptable)
4055 Fern Forest Rd
83
84 City **Cooper City** FL 85 Zip Code **33026**

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

Thomas Morante
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-18-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CUTLER, EDWARD L**
STREET ADDRESS **8701 SUNSET DRIVE, SUITE 200A**
CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **D** ☐ DELETE
NAME **CUTLER, CHARLES L**
STREET ADDRESS **4055 FERN STREET ROAD**
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE **D** ☐ DELETE
NAME **CUTLER, ROBYN L**
STREET ADDRESS **4055 FERN FOREST ROAD**
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Charles Cutler
Charles Cutler 3-18-98 954-438-0054

CR2E034 (10/97)