SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000085569 (8) **DOCUMENT #** GREAT CAKES BY SWEET ENDINGS. INC. Mailing Address Principal Place of Business 1220 OLD OKEECHOBEE RD 1220 OLD OKEECHOBEE RD WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3a. Date of Last Report 3. Date incorporated or Qualified 11/06/1995 Applied For 4. FEI Number Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032. Ζιρ Country Country Zip ☐ Yes ☐ No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B**1 Name PERTNOY, JUDY Street Address (PO Box Number is Not Acceptable) 82 1220 OLD OKEECHOBEE RD WEST PALM BEACH FL 33401 83 85 Zip Code 84 City 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 reg stered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes SIGNATURE DATE (NOTE: Registered Ageot signature required when roinstating) Signature, typied or primed name of registered agent and title if applicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1.1111.5 TITLE **CR2E034** 12 NAME NAME OKERCHOIDEE Pd 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIE CITY - ST - ZIP Change Addition 21 TITLE TITLE NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Criange Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - \$1 - ZIP City-St-ZiE Change Addition DELETE 4 1 TITLÉ THILE 4 2 NAMS NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZiP CITY - ST - ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY - ST - ZIP 10000191753 f^{hange} -08/09/96--01024--024 Addition DELETE 61 TITLE TITLE 6.2 NAME 8 63 STREET ADDRESS ***225.00 STREET ADDRESS 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 617. Florida Statutes, and that my name appears in Block 1 or Biopk 13 if changed by on an attachment with an address

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: