## 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

DOCUMENT # P9500085569 (8)

GREAT CAKES BY SWEET ENDINGS, INC.

**APPROVED** AND

1997 OCT 16 PM 12: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address					I KODIKEDE NIK IDIDI DIRIK DDIRI DDIRI BERKI	00181 10181 \$1184 \$1184 \$1180 \$1190 1011 (0\$)	
1220 OLD OKEECHOBEE RD WEST PALM BEACH FL 33401  1220 OLD OKEECHOBEE RD WEST PALM BEACH FL 33401							
					3. Date Incorporated or Qualified 11/06/1995	3a. Date of Last Report 08/08/1996	
	Place of Business	2a. Mailing Address	h1		4. FEI Number	Applied For	
Suite, Apt.	# olo	Suite, Apt. #, etc.			65-0396838	Not Applicable	
22	. #, 010.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cour	itry	8. This corporation has liability for in		
24	9. Name and Address of Co	[29]	30		10. Name and Address of New Reg	Yes No	
DED		anone noglatered Agent		B1 Name	TO. Maille and Address of New Re	listelen Wäellt	
PERTNOY, JUDY 1220 OLD OKEECHOBEE RD							
	ST PALM BEACH FL 33401			82 Street Address (P.O. Box Number is Not Acceptable)		le)	
*****			1	33			
			ļ.	34 City		<b>■■ 85</b> Zip Code	
		· · · · · · · · · · · · · · · · · · ·		1		FL     '	
office or a agent. La	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the C	10502 and 607.1508, Florida St State of Horida. Such change w Obligations of, Section 607.0505	atutes, the abi as authorized , Florida Statu	ove-named cor by the corpora tes.	poration submits this statement for the patient's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
SIGNATURE	/_ \ubstyle=\-	サイトー			11 by 1,97		
12.	<b> </b>	ed agent and tills if approable  S AND DIRECTORS	NO1E Registered	Agent signature requ	ired when reinstating) ADDITIONS/CHANGES 10 OFFIC	DATE	
TITLE	TATE OF THE PARTY	DELETE	1.1 1111	<u> </u>	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	PERTNOY, JUDY	_	1.2 NAN				
STREET ADDRESS	1220 OLD OKEECHOBEE F	RD	1.3 STR	EET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33	401	1.4 CH1	(-S1-ZIP			
TITLE		DELETE	2.1 TITL	F		Change Addition	
NAME			2.2 NAN	ME.		* ·*	
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-ST-ZIP		T Objection		Y - S1 - ZIP			
TITLE NAME		DELETE	3.1 1111	1		Change Addition	
STREET ADDRESS			3.2 NAN	EET ADDRESS			
CITY-ST-ZIP				Y-S1-ZIP			
TITLE		DELETE	4.1 TITE		PA 2 184 LAND	Change Addition	
NAME ¶			4. 2 NAI		8000023		
STREET ADDRESS			4.3 S1R	ELT ADDRESS	-10/17/	823518 9 97-0110-007	
CITY-ST-ZIP				- S1 - ZIP	****55(	0.00 ****550.00	
TITLE		DELETE	5.1 TilL	£		Change Addition	
NAME			5.2 NAN	lt.			
STREET ADDRESS			5.3 S1R	EFT ADDRESS		Λ	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		- \$1 - ZIP			
TITLE		DELETE	6.1 TITL			L_1 Chrace LLO ddillon	
NAME			6.2 NAN			ン(い), (の) <b>'</b>	
STREET ADDRESS				ET ADDRESS		101,	
CITY-ST-7IP			G.4 CITY	- \$1-7IP		•	

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 roport is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.

30-6552452