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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS P95000091071 (7) DOCUMENT #

JENNIFER'S GOURMET, INC. Principal Place of Business Mailing Address 3300 SOUTH CONGRESS AVE -412 3300 SOUTH CONGRESS AVE. -#/2_ **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/30/1995 2. Principal Place of Business 2a. Mailing Address FEI Number 21 Applied For 26 65-062 Suite, Apt. #, etc Suite, Apt. #, etc Not Applicable 22 5. Certificate of Status Desired \$8.75 Additional City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 \Box Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, 24 U54 25 29 30 Florida Statutes X Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent BERNSTEIN, JOEL 82 9701 BISCAYNE BLVD. Number is Not Acceptable ongress Ave. -**MIAMI FL 33138** R3 84 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 familiar with, and accept the obligations of, Section 697.0505, Florida Statutes. SIGNATURE resident Fingistered Agent signature required when reinstalling) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) TITLE President DELETE 1.1 TITLE David E. Moll 19101 Mystic Pointe Dr. - Apt. 1705 Addition | ☐ Change NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Aventura, FL 33180 CITY-ST-ZIP 1.4 CiTY - ST - ZIP TITLE Bernstein, Joel 9701 Biscoyne Blod. DELETE 2 1 TIFLE NAME Change ☐ Addition 22 NAME STREET ADDRESS Miami FL 33138 2.3 STREET ADDRESS CITY-S1-2IP 2 4 City - ST- ZIP TITLE DELETE 3. 1 TITLE NAME ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 THE Change NAME ■ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5. 1 TITLE ☐ Change NAME ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6. 1 TITLE Criange NAME Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 appears in Block 12 or Block 13 if changed or on an attachment with an address.