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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 21 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000096376 (5)**

THERMODYNAMIC ENTERTAINMENT. INC.

Mailing Address Principal Place of Business P.O. BOX 748 P.O. BOX 748 LOUGHMAN FL 33858-0748 LOUGHMAN FL 33858 3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1995 03/22/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0636313 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Country Yes 🔲 No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VICKARYOUS, JAMES G 9436 REGENCY PARK BLVD SUITE A Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 83 84 Zip Code City **B**5 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. Lam 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 signature required when re-natating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TileE SMITH, SUZETTE 1.2 NAME NAME P.O. BOX 748 1.3 STREET ADDRESS STREET ADDRESS LOUGHMAN FL 33858 1.4 CITY-ST-ZIP CITY-ST-7(P Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHY-ST-7IP Change Addition DELETE 3.1 TITLE THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CHY-ST-ZIP Change Addition ■ DÉLETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY: \$1-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CHY-ST-76 Addition Change Change DELETE 6.1 TITLE TILE 6.2 NAME NAM! **63 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP

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 constraint or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 857038

(4)

SEE'S CANDIES, INC.

		210 EL CAMINO REAL SOUTH SAN FRANCISCO	CA 94080-5968	3. Date Incorporated or Qualified 3a. Date of Last Report
D	Place of Business	1 24 Mailing Address		07/07/1983 04/08/1996 4. FEI Number Applied For
. Proncipa	rnace of business	2a. Mailing Address 26		4. FEI Number Applied For 94-0852350 Not Applicabl
	ot.# etc	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
City & S		27		Fee Required
	ale	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<u>Ζ</u> ιο	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
]	25	29	30	Florida Statutes Yes X No
	9, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent
	CORPORATION SYSTEM			
	00 S. PINE ISLAND ROAD ANTATION FL 33324		82 Street Add	dress (P.O. Box Number is Not Acceptable)
FL	ANIAHON FE 30024		83	
			84 City	85 Zip Code
				poration submits this statement for the purpose of changing its registere
_			DTE Registered Agent signature requ	
IGNATUR 2.	F Signature: typicd or photoid name of registered a OFFICERS A			ured when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
IGNATUR 2. Ilé	F Signature: typica or printed name of registered a	gent and lifte if applicable (NC ND DIRECTORS	DTE Registered Agent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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SIGNATURE:

SIN CONSTITUTE OF SIGNING OFFICER OR DIRECTOR TREASURER & CFO

(415)583-7307