

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

APPROVED  
AND  
FILED

97 OCT 27 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000020916  
1. Corporation Name

THE Feeding Tree, Inc

Principal Place of Business

Mailing Address

211 S.W. 27 Ave

same

Fort Laud. Fl 33312

2. Principal Place of Business

2a. Mailing Address

21 Fort Lauderdale

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 same

27

City & State

City & State

23 Zip 33312

Country

28 Zip

Country

24 33312

25 Broward

29

30

3. Date Incorporated or Qualified

3/1996

3a. Date of Last Report

12-31-96

4. FEI Number

165-0677962

Applied For

Not Applicable

5. 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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Andrea O'Meally  
211 SW 27 Avenue  
Fort Laud. Fl. 33312

81 Name

Andrea O'Meally

82 Street Address (P.O. Box Number is Not Acceptable)

211 SW 27 Ave

83

84 City

Fort Laud.

FL

85 Zip Code

33312

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

Andrea O'Meally

President

9/16/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Andrea O'Meally  
211 SW 27 Avenue  
Fort Lauderdale, Fl. 33312

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME ANDREA O'MEALLY  
1.3 STREET ADDRESS 211 SW 27 Avenue  
1.4 CITY-ST-ZIP Fort Lauderdale, Fl. 33312

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
00000233330-5  
-10/29/97-01131-023  
\*\*\*\*550.00 \*\*\*\*550.00

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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, unchanged, or on an attachment with an address.

SIGNATURE:

Andrea O'Meally

President

9/16/97

5816091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)