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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021374 (9)

**BOSTON CREAMERY, INC.** 

Principal Place of Business

Mailing Address

## FILED May 05 1998 8:00am Secretary of State

147 294 1877



	AKE BLVD., STE, 711 SPRINGS FL 32701	283 NORTH LAKE BLYD ALTAMONTE SPRINGS F			DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  03/08/1996	<b>S</b> PACE		
	ace of Business	2a. Mailing Address			4. FEI Number		pplied For	
Suite, Apl. #, etc.		26			59-3364722		ot Applicable	
22		Suite, Apt #, etc.			5. Certificate of Status Desired		Additional equired	
City & State		Cily & State	}—¬ '		6. Election Campaign Financing  Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·		
Zip 24	Country	Zip	Coun	try	8. This corporation owes or has paid the cu		tangible No	
24 25 29 3 9. Name and Address of Current Registered Agent			30		Personal Property Tax due June 30.  10. Name and Address of New Registered			
МО	HAMMED, TARIQUE	in negratorea Agent		1 Name	10. Italia dia radiosa di Italia ilagiotala	- Agotti		
3945 N. LK ORLANDO PKWY.					Addition (O.O. D. Washington, A.			
APT. 1911				Street	Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32808			1	33				
			1	34 City	FL	<b>85</b> Zip	Code	
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 chango 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								
SIGNATURE	Signature, typed or printed name of registered ag	ent and tille if applicable (NO	1L: Registered	Agent signature	required when reinstating) DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR		
TITLE	OP	DELETE	1.1 TITE	E		Change	Addition	
NAME	MOHAMMED, TARIQUE		1 2 NAN	IE				
STREET ADDRESS	3945 N. LK. ORLANDO PKW	γ	1	EE1 ADDRESS				
CITY-ST-ZIP	ORLANDO FL DS	DELETE		-ST - ZIP		Change	Addition	
TITLE	POONAWALA, KARIM		2.1 TITL 2.2 NAM			☐ Citalige	LL AUDITOR	
NAME CERTIFICATION OF THE PROPERTY OF THE PROP	STREET ADDRESS 283 NORTH LAKE BLVD., STE. 711			ET ADDRESS				
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701			1	Y-S1-ZIP				
TITLE	DT	DELETE	3.1 TITL			Change	☐ Addition	
NAME	SHORT, JACK L		3.2 NAM					
STREET ADDRESS	283 NORTH LAKE BLVD., ST	E. 711		EET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32			Y-S1-ZIP				
TITLE		DELETE	4.1 TiTL			Change	☐ Addition	
NAME			4. 2 NAI	AE I				
STREET ADDRESS			4.3 STR	eet address				
CITY-ST-ZIP				- ST - ZIP				
TITLE		☐ DELET <b>E</b>	5.1 TITL			Change	☐ Addition	
NAME			5.2 NAM					
STREET ADDRESS			l l	ET ADDRESS				
CITY-ST-ZIP	***	Diverse		'-\$1-7IP		Chanca	Addition	
TITLE		☐ DELETE	6.1 TITE			Change	L ADDITION	
NAME			6.2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		50 or 5 files along the 100 or	6.4 CITY	-ST-ZIP	d in Spatian 110 07/2Vi) Florido Statutos I fudhor de	-aid , also at also		

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 if changed, or on an attachment with an address

CIONATURE. COSTA MANAGAMAN