## 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 # P96000025901 (5)

JACK & JAY'S DESSERTS, INC.

Mailing Address Principal Place of Business

**FILED** May 08 1997 8:00am Secretary of State



3500 gateway drivé Suite 201 Pompano Beach Fl 33068		3500 GATEWAY DRIVE SUITE 201 POMPANO BEACH FL 33089-4870		3. Date Incorporated or Qualified 03/18/1996	3a. Date of Last F	Report	
a Dringing D	aco of Rusinoss	2a, Mailing Address			4, FEI Number	<u> </u>	nolind For
2. Principal Place of Business 2a. Mailing Address 21 8888 5.W. 1365treet 26					65-0673414		pplied For ot Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22 505 City & State		City & State		······	C. Floring Opening Shopping	<del></del>	<del></del>
23 Mia		28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Z(p Country		Zip	Count	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent		
24 331		29					
	g, Name and Address of Current	Hegistered Agent	8	1 Name	10, Name and Address of New Hes	Jistered Agent	
	BERG, LIBO B ESQ.		•	Name			
3500 GATEWAY DRIVE SUITE 201			8	2 Street Add	ddress (P.O. Box Number is Not Acceptable)		
POM	PANO BEACH FL 33069		8	3			
			8	4 City		FL 85 Zip	Code
office or re	to the provisions of Sections 607 0502 egistered agent, or both, in the State om familiar with and accept the obliga	of Florida. Such change was	authorized I	by the corpora	poration submits this statement for the pation's board of directors, thereby accep	urpose of changing i	ts registered registered
SIGNATURE	Signature: typed or printed name of registered agen	I and title if applicable (NC	TE: Registered A	gent signature requ	lired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	3S IN 12
TOTALE	PD	DELETE	1.1 TITLE			Change	Addition
NAME	WEINKOFF, JACK		1.2 NAM	E ]			
STREET ADDRESS	3500 GATEWAY DRIVE, SUITE :	201	1.3 STRE	ET ADDRESS			
CH r - ST - ZIP	POMPANO BEACH FL 33089		1.4 CITY	-ST-ZIP			
TITLE	VSTD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	ZWERDLING, JAY		2.2 NAM	: [			
STREET ADDRESS	3500 GATEWAY DRIVE, SUITE	201	2.3 STRE	et address			
C:1Y - S1 - ZIP	POMPANO BEACH FL 33069			-ST-ZIP			1 4 4 1991
TITLE	VD	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	WEINKOFF, TOBY R		3.2 NAM	ξ.			
STREET ADDRESS	3500 GATEWAY DRIVE, SUITE :	201	3.3 STRE	et address			
CITY : S1 - ZiP	POMPANO BEACH FL 33069			-ST-ZIP	<u></u>		
TOLE .		DELETE	4.1 TITU			Change	Addition
NAME			4. 2 NAN	1			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY - ST - 712			4.4 City				- P 1000
TITLE		DELETE	5 1 TITLI			Change	Addition
NAME			52 NAM				
STREET ADDRESS				et address			
CITY-SI-ZiP		55,555	5.4 City	<del></del>		T 1 AL	1 A 2 2 2 2 2 2
TITLE		☐ DELETE	6.1 TITL			Change	Addition
NAME			6.2 NAM				
STREET ADORESS			6.3 STRE	et address			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	d la Castian 410 07/0Vi) Florida Contra	I A make an area of the second	• • • · · ·

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 officer o

SIGNATURE: