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 #

FILED Jul 15 1998 8:00am Secretary of State

1			CAKE HOUSE		טוור (ס)							
Principal Place of Business Mailing Address									-	I IODANOO NE IONO DIAN EDNA DENL	IDAK DOKAT IKAD		
1410 FORST	O FORSTER AVENU				-								
PANAMA CIT				PANAMA CITY FL 32401					•				
									<u> </u>	DO NOT WRITE	E IN THIS SI	PACE	
									3.	Date Incorporated or Qualified 04/22/1996			
2. Principal P	lace of Busi	iness		2a. Mailing Address				4.	FEI Number		I A	oplied For	
21				26						59-3373213		No	ot Applicable
Suite, Apt.	#, etc.			27 S	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional equired
City & State	0			c	City & State				6.	Election Campaign Financing		\$5.00	May Be
23				28					Trust Fund Contribution			to Fees	
Zip	Country			Z	Zip				8.	This corporation owes or has pe	aid the curre	nt year Int	tangible
24	25 9, Name and Address of Curren			29				 	ـ	Personal Property Tax due June 30. Yes No			
				nt Hegister	red Agent		ı	Name	10.	Name and Address of New Re	egistered A	gent	
ENGELMAIER, CHRISTINE R RAYMOND & RAYMOND, P.A.								IValile					
				F 444	***			Street Add	ress (F	P.O. Box Number is Not Accepta	ble)		
			HIĞHWAY SUITI	E 411	411								
BOCA RATON FL 33432							83						
								City FL 85				85 Zip	Code
11. Pursuant	lo the provis	sions o	f Sections 607.050	02 and 607.	.1508, Florida Statu Such channe was	tes, the abo	hu hu	-named corp	coratio	on submits this statement for the population of directors. I hereby acce		changing it	s registered
agent. La	m f am iliar w	ith, an	d accept the oblig	ations of, S	Section 607.0505, F	lorida Statut	es.		don's t	board of directors. Thereby acce	рств аррог	minerii as	ie8isteted
SIGNATURE				*************									
12.	Signature, typico	d or brint	of name of registered ag- OFFICERS AN			1E: Registered A	∖ gen	iupes erutangia fr		reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CEDS AND I	DIRECTOR	OC IN 10
TITLE	D		OTTION TO	it time on	DELETE	1.1 TITLE	:		····	ADDITIONS/OFFAITURES TO OFFI		Change	Addition
NAME	NAME KNEECE, MONROE N							1.2 NAME			•		
STREET ADDRESS 1410 FORSTER AVENUE							1.3 STREET ADDRESS						8
CITY-ST-ZIP	BANANA OFFICE ANIAL							1.4 CITY-ST-ZIP					
TITLE				•	DELETE	2.1 TITLE						Change	Addition
NAME						2.2 NAM	E						
STREET ADDRESS						2.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP						2. 4 CITY	- ST	T-21P					
TITLE	-				☐ DELETE	3.1 TITLE					Ţ	Change	Addition
NAME						3.2 NAM							
STREET ADDRESS						3.3 STRE							
CITY-ST-ZIP					DELETE	3.4. CITY	••••	I-ZIP				1 04	1,2300
TITLE					☐ DELETE	4.1 7(1)					L	Change	☐ Addition
NAME OXOGET ADDRESO						4. 2 NAV							
STREET ADDRESS						4.3 STRE		ľ					
CITY-ST-ZIP TITLE					DELETE	4.4 CITY 5.1 TITLE		- ZIP			- 1	Change	Addition
NAME					- orien	5.1 TITLE 5.2 NAM					Ĺ	ougu∳e	L.J AGUILION
STREET ADDRESS						5.3 STRE		Unbeec .			٠,		
City-ST-ZIP						5.3 STRE		j					1
TITLE					DELETE	61 THUE		Lift .				Change	Addition
NAME	,					6.2 NAM							_
STREET ADDRESS	~ h					6,3 STRE		IDDRESS					_
CITY-ST-ZIP	<i>.</i>			٠	_	6.4 CITY					-		

14. Thereby certify that the information supplied with this filling does not qualify fer 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 officer or director of the corporation of the receiver or trustee employee do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, oyon in attactument with an adjects

850