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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000039487 (9)**

1. Corporation Name
JEFF'S DESSERTS MANAGEMENT CORP.

Principal Place of Business	Mailing Address
~~877 EXECUTIVE CENTER DR. WEST~~ ~~GLADES BLDG., STE. 303~~ ~~ST. PETERSBURG FL 33702~~	~~877 EXECUTIVE CENTER DR. WEST~~ ~~GLADES BLDG., STE. 303~~ ~~ST. PETERSBURG FL 33702-2460~~

2. Principal Place of Business	2a. Mailing Address
21 7321 1st Avenue S	26 5600 Gulf Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg FL	City & State 28 St. Pete Beach, FL
Zip 24 33707 Country 25	Zip 29 33706 Country 30

3. Date Incorporated or Qualified	3a. Date of Last Report
05/08/1996	N/A

4. FEI Number 59-3392238 ☐ 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

~~MASCARA, ERNEST L~~
~~877 EXECUTIVE CENTER DR. WEST~~
~~GLADES BLDG., STE. 303~~
~~ST. PETERSBURG FL 33702~~

10. Name and Address of New Registered Agent

81 Name Sheryl H. Andrews
82 Street Address (P.O. Box Number is Not Acceptable) 5600 Gulf Blvd.
83
84 City St. Pete Beach FL 85 Zip Code 33706

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 [signature] SHERYL H. ANDREWS 5/ /97
Signature, Officer or Director, Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~	☑ DELETE	1.1 TITLE	DPS	☐ Change XX Addition
NAME	~~MASCARA, ERNEST L~~		1.2 NAME	Richard E. Sherman	
STREET ADDRESS	~~877 EXECUTIVE CENTER DR. WEST, #303~~		1.3 STREET ADDRESS	7321 1st Avenue South	
CITY-ST-ZIP	~~ST. PETERSBURG FL 33702~~		1.4 CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE		☐ DELETE	2.1 TITLE	VT	☐ Change XX Addition
NAME			2.2 NAME	Thomas Barney	
STREET ADDRESS			2.3 STREET ADDRESS	7321 1st Avenue South	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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.

SIGNATURE [signature] (904) 398-9166