

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

FILED

Apr 04 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 # P96000039941 (5)

1. Corporation Name  
MARZIPANS, INC.

Principal Place of Business  
5800 GULF BLVD  
ST PETERSBURG BEACH FL 33706

Mailing Address  
5800 GULF BLVD  
ST PETERSBURG BEACH FL 33706-2252



3. Date Incorporated or Qualified  
05/09/1996

3a. Date of Last Report

4. FEI Number  
59-2278997

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

2. Principal Place of Business  
21 5901 Gulf Blvd  
Suite, Apt. #, etc.

2a. Mailing Address  
26 5901 Gulf Blvd  
Suite, Apt. #, etc.

23 City & State  
St Petersburg Beach fl  
Zip Country

27 City & State  
St Petersburg Beach fl  
Zip Country

24 33706-2252 25

29 33706-2252 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHENKMAN, DEBORAH  
5800 GULF BLVD  
ST PETERSBURG BEACH FL 33706

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
5901 Gulf Blvd  
83  
84 City  
St Petersburg 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 Denise M. Harris, co-owner 3/29/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	SHENKMAN, DEBORAH	
STREET ADDRESS	5800 GULF BLVD	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HARRIS, DENISE	
STREET ADDRESS	5800 GULF BLVD	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5901 Gulf Blvd
1.4 CITY-ST-ZIP	St Petersburg Beach fl 33706
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5901 Gulf Blvd
2.4 CITY-ST-ZIP	St Petersburg Beach fl 33706
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Denise M. Harris REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/97 1813-544-3035

Date

Daytime Phone #

CR2E034 (9/96)