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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Block 12 or Block 13 if



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042564 (0)

CORN ROASTERS OF FLORIDA INC.

Mailing Address Principal Place of Business 18330 SW GOTH STREET 18330 SW 66TH STREET FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/17/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0681861 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SELOGY, DEBRA **18330 SW 66TH STREET** Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 83 85 Zip Code City 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, typed or pridded name of registers a agend area title if applicable (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE **SELOGY, DEBRA** 1.2 NAME NAME 18330 SW 66TH ST 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33331 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 THUE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

DELETE

la la come in

6.1 TITLE

6.2 NAME

14. I 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 eath; 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

6.3 STREET ADDRESS

054-1080-44448

Change

Addition

FILED

May 01 1998 8:00am

Secretary of State