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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000043763 (7)

CHEESECAKE CLASSICS, INC.

Principal Prace of Business Mailing Address RT. 1. BOX 3376 RT. 1. BOX 3376 HAVANA FL 32333-9738 HAVANA FL 32333 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1996 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For *59-33*80333 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Ζιρ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BEVERETT, WILLIAM JESSE RT. 1, BOX 3376 Street Address (P.O. Box Number is Not Acceptable) HAVANA FL 32333 83 City Zip Code 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 farm ar with, and accept the obligations of. Section 607.0505. Florida State of the corporation's board of directors. I hereby accept the appointment as registered agent. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
CHANGE AND Crange Add
THE CHANGE AND CRANGE AND C 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 10:1 1.1 TITLE 1.2 NAME NAM STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-\$1:20 Change DELETE 2.1 TITLE TITLE 2.2 NAME MAM STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - \$1 - ZIF DELETE Addition THE 3.1 TITLE ☐ Change 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-SI-ZIE DELETE Change Addition TITLE 4.1 TITLE NAV: 4.2 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TIFLE NAME 5.2 NAME **5.8 STREET ADDRESS** STREET ADDRESS CHY+S1-ZiP 5.4 City-\$t-ZIP

TITLE

NAVE STREET ADDRESS

CHY-SI-76

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.

DELETE

6.1 TITLE 62 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

FILED

May 14 1997 8:00am

Secretary of State

Change

Addition

0050570