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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600061634 (7)

SISTERS IN THE POT, INC.

Principal Place of Business	

Mailing Address

## FILED Apr 24 1997 8:00am Secretary of State



1361 8TH CT WEST PALM BEACH FL 33401  (Compression Args)			y day Na ara-				
			**	3. Date incorporated or Qualified 07/31/1996	Sa. Date of Last	Report	
2. Principal P	ace of Business	2a. Mailing Address.	. 1	7,11	4. FEI Number		pplied For
21 WHO FAMOUS SOULOOD 28 136 9th Ct			•	65-484394		lot Applicable	
Suite, Apt. #, etc. 22 4 5 Northwood Rd 27 Suite, Apt. #, etc.				····	5. Certificate of Status Desired	T	Additional Required
23 CIV & SP.	3 F(	28 WP.B. F	1.		Election Campalgn Financing     Trust Fund Contribution	Added Added	May Be I to Fees
<sup>Zip</sup> 33	407 25 U.S.	29 33401	30 P	m Bch.		Yes No	s. 199.032,
	9. Name and Address of Current	Registered Agent		94 61	10. Name and Address of New Re	gistered Agent	
	OPER, CYNTHIA			81 Name	)/A		
	1 36TH ST			82 Street Address (P.O. Box Number is Not Acceptable)			
WES	ST PALM BEACH FL 33407			83			······································
				84 City		<b>F</b> 85 Zip	Code
11. Pursuant t	a the provisions of Sections 607.0502	and 607.1508. Florida Stat	tutes, the ab	ove-named cor	rporation submits this statement for the p	, , , , , , , , , , , , , , , , , , ,	its registered
office or ri agent. Lai	egistered agent, or both, in the State of a familiar with, and accept the obligat	of Florida. Such change wa ions of section 607.0505,	s authorized Florida Stat	by the corporates.	rporation submits this statement for the patients board of directors. I hereby acceptions	ot the appointment a	s registered
SIGNATURE.	Converte typed or printed rate of registered against	Luppey	OTE: Brantons	Alatuo	ulred when reinstating)	7/20/91	<del></del>
12,	OFFICERS AND		13.	Agent signature requ	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
101LF	D	DELETE	1.1 7/7	LE		Change	
NAME	COOPER, CYNTHIA	-	1.2 NA	ME I			
STHEET ADDRESS	1001 36TH ST SUITE R-40	· ·	13 ST	REET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33407	_	14 CITY-ST-ZIP				
TITLE	D	DELETE	21 111			Change	Addition
NAME	COOPER, KEITH		22 NA	ме			
STREET ADDRESS	1361 9TH CT		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401		2 4 0	TY-ST-ZIP			
THE Pees.	D	DELETE	31 TII			Change	Addition
NAME	COOPER, THERESA		3.2 NA	ME			
STHEET ADDRESS	1001 36TH ST SUITE R-40		3.3 \$T	REET ADDRESS			
CITY-ST-Zi#	WEST PALM BEACH FL 33407		3.4. CI	TY-ST-ZIP			
TITLE V. Pres	D	DELETE	4.1 11)			☐ Change	Addition
NAME	COOPER, PATRICIA		4. 2 N	ME			
STREET ADORESS	1361 9TH CT		4.3 ST	REET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401		4.4 CI	Y-ST-ZIP			
TITLE SECON.	D	☐ DELETE	5.1 T(1			Change	Addition
NAME TEXAS.	COOPER, SANDRA		5.2 NA	ME			
STREET ADDRESS	1361 9TH CT		5.3 ST	REET ADDRESS			
CHY-ST-ZIP	WEST PALM BEACH FL 33401			IV-ST-ZIP	,		
THLE		DELETE	6.1 TI		***	Change	Addition
NAMi			6.2 NA	ME			
STREET ADDRESS				RELT ADDRESS			
CITY - ST- ZIP			64.00	Y-S1-ZIP			

4. 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on an attachment with appeadings.

SIGNATURE

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. 20.47

Daytime Phone #