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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPAR Sandra B. Moi ...

Secretary of State DIVISION OF CORPORATIONS FILED

Secretary of State

Jul 09 1998 8:00am

1998

CITY-ST-ZIP

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SISTERS IN THE POT, INC. Principal Place of Business Mailin 333 O IXIC Hours RIU. Park The Research DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 Sull Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip This corporation owes or has paid the current year Intangible Fith 13/1 29 24 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Mes. Cynthia Coopel 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 SUDIA 1877/1 (NOTE: Registered Agent signatu OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRESIDENT DIE 320 DELETE
WERDER WOOD PLAN
There's h. (Coop la - Kin' Con Bayou
VICE DIE 1361 DELETE
Outrice Ba Moure 941164
UNCA PLANA Change Addition 1.1 TITLE TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP 3.1 TITLE Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE **900**00025874**1** -07/14/98--01005--017 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150**.**00

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 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

6.4 CITY+ST+ZIP