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

PROFIT CORPORATION ANNUAL REPORT

1**9**98

STREET ADDRESS

Block 12 or Block 13 if change

CITY-ST-7IP



LI ORIDA DEPARTMENT OF STATE

FILED

May 29 1998 8:00am

Secretary of State

541 - 694

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600065467 (8)

EXECUTIVE PASTRY CHEFS OF FT. LAUDERDALE, INC.

Principal Place of Business Mailing Address 4360 NORTHLAKE BLVD 4360 NORTHLAKE BLVD SUITE 205 SUITE 205 DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 3. Date Incorporated or Qualified 08/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0516939 Applied For APPLIED FOR 21 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 Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees 28 Country Žφ Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTIN E. WASHOFSKY, E.A., P.A. 4360 NORTHLAKE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 205** 83 PALM BEACH GARDENS FL 33410 84 Crtv Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE [NOTE Registered Agent signature required when reinstating) Signature type dior proced tise equi recasters at a gent at dittle at apple able CR2E034 (10/97 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE 1.3 THUE Addition TITLE JUDSON, DAVID 1.2 NAME NAME 4360 NORTHLAKE BLVD SUITE 205 STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIF 1.4 CITY - ST - 7/F DELETE Change Addition TITLE 2.1 HILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition TITLE 41 TILLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 0000002545140 STREET ADDRESS 5.3 STREET ADDRESS -06/03/98--01003--0**05** CITY-ST-ZIP 54 CITY-SI-ZIP \*\*\*2250.00 DELETE Change Addition TITLE 61 10 LE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY: ST-ZIP

14. Thereby 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 corporal per or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in