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FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000069742 (0)

1. Corporation Name  
TREAT CENTERS U.S.A., INC.



Principal Place of Business

10146 NW 19TH ST  
CORAL SPRINGS FL 33071

Mailing Address

10146 NW 19TH ST  
CORAL SPRINGS FL 33071-5823

3. Date Incorporated or Qualified  
08/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 3990 Sheridan St.

2a. Mailing Address

26 3990 Sheridan St

4. FEI Number

65-0690164

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 212

Suite, Apt. #, etc.

27 Suite 212

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 Hollywood FL

City & State

28 Hollywood FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 33021

Country

25 USA

29 33021

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALSH, GERALD V  
8500 NW 37TH CT  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name Roger Friedbauer  
82 Street Address (P.O. Box Number is Not Acceptable)  
1500 Miami Center  
83 201 S. Biscayne Blvd  
84 City Miami FL 85 Zip Code 33131

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 of registered agent and title if applicable

Roger Friedbauer  
(NOTE: Registered Agent signature required when reinstating)

4/4/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	FROOT, DOUGLAS	3823 JASMINE LANE	CORAL SPRINGS FL 33065-6058	<input checked="" type="checkbox"/>
D	FROOT, MARVIN	10146 NW 19TH ST	CORAL SPRINGS FL 33065	<input type="checkbox"/>
D	FROOT, BONNIE	10146 NW 19TH ST	CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

954-987-6664

Date

Daytime Phone #

CR2E034 (9/96)