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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072530 (4)

MAMA Z'S SNACKS, INC.

FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		-{	I HAADI TIHOO IIIII OOII KADI	
	· ·				
1506 ESSEX DRIVE NORTH 1508 ESSEX DRIVE NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710					
01. 12.2.000112 12.10	St. 12/2/000010 12 90110			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified		
			08/28/1996		
2, Principal Place of Business	2a, Mailing Address	TDOTE COURT	4. FEI Number	Applied For	
21 132 OWEN CIRCLE SOUTH Suite, Apt #, etc.	26 132 OWEN C. Suite, Apt. #, etc.	IRCLE SOUTH	59-3404796	Not Applicable \$8.75 Additional	
22	27		5. Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 AUBURNDALE, FL	28 AUBURNDALE	, FL	Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has paid the cur	rent year Intangible	
24 33823 25 POLK		POLK		Yes No	
g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Xĝent	
ZAMPINI, WILLIAM A JR. 81 Name					
			ess (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33710			OWEN CIRCLE SOUTH		
		53 - 52	ONEN SINOLE BOOTH		
		84 City		85 Zip Code	
44 P		AUBU	IRNDALE, FL	33823	
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 Statu 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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or profiled course of registered guins	HALL THE STATE OF	Ingistered Agent signature require	ed wifer(reinstating) DATE	···	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE P	☐ DELETE		PRESIDENT	Change Addition	
NAME WALL A ZADLOANI JR. S.	وهي ۽	1.2 NAME W	TILLIAM A. ZAMPINI, JR		
STREET ADDRESS 1508 ESSEX DR. N.	Note		32 OWEN CIRCLE SOUTH		
CITY-ST-ZIP \$T. PETER\$BURG FL			UBURNDALE, FL 33823		
TITLE ST	DELETE	2.1 TITLE	Marguel Zampini	X Change	
NAME MARGARET M. ZAWOCAI	* ilate	E.F. (Miller	•		
STREET ADDRESS 1508 ESSER DR. N.	/ * -		.32 OWEN CIRCLE SOUTH		
CITY-ST-ZIP ST. PETERSBURG FL			UBURNDALE, FL 33823		
TITLE	☐ DELETE	3 1 TITLE		Change Addition	
NAME		32 NAME		l	
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME	Fill ottact	4. 2 NAME		Change Chyoung	
STREET ADDRESS	ļ	4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP	 	4.4 CITY-ST-ZIP		}	
TITLE	DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME			
STREET ADDRESS	j	5.3 STREET ADDRESS]	
CITY-ST-ZIP		54 CITY-ST-ZIP			
TITLE	☐ DELETE	61 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY - ST - ZIP			
14. I hereby certify that the information supplied wit	h this filing does not qualify for f		Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information	

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 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 attactiment with an address

SIGNATURE: William A Zampinh

WILLIAM A. ZAMPINI, JR 941-967-793