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May 16 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 # P96000077971 (5)

1. Corporation Name

A TASTE OF HEAVEN INC.

Principal Place of Business

862 N.E. 20TH DRIVE
WILTON MANORS FL 33305-2222

Mailing Address

862 N.E. 20TH DRIVE
WILTON MANORS FL 33305-2222

3. Date Incorporated or Qualified

09/19/1996

3a. Date of Last Report

9/19/96

2. Principal Place of Business

21 862 NE 20th Dr

Suite, Apt. #, etc.

22

City & State

23 Wilton Manors, FL

Zip

24 33305

Country

25 USA

2a. Mailing Address

26 862 NE 20th Dr

Suite, Apt. #, etc.

27

City & State

28 Wilton Manors, FL

Zip

29 33305

Country

30 USA

4. FEI Number

65-0713078

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

WOEHRLE, HOWARD
84 HENDRICKS ISLE
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (F.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

HOWARD WOEHRLE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/31/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME LAUREN PARRISH

STREET ADDRESS 862 NE 20th Dr

CITY-ST-ZIP WILTON MANORS, FLA 33305

TITLE VICE PRESIDENT ☐ DELETE

NAME ~~HOWARD WOEHRLE~~

STREET ADDRESS 84 HENDRICKS ISLE

CITY-ST-ZIP FT. LAUDERDALE, FLA 33301

TITLE TREASURER ☐ DELETE

NAME RICHARD PARRISH

STREET ADDRESS 862 NE 20th Dr

CITY-ST-ZIP WILTON MANORS, FLA 33305

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, changed, or on an attachment with an address.

SIGNATURE:

Lauren Parrish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

(954) 565-3916

Date

Daytime Phone #

0201371

CR2E034 (9/96)