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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000079133

1. Corporation Name
EJ'S FROZEN TREATS, INC.



Principal Place of Business
 2191 US HIGHWAY 27 NORTH
 SEBRING FL 33870

Mailing Address
 2191 US HIGHWAY 27 NORTH
 SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/23/1996

4. FEI Number
65-0695883

Applied For
 Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation owes the current year intangible Personal Property Tax. Yes No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATLER, PHILLIP
3200 US 27 SOUTH
SEBRING FL 33870

81. Name

82. Street Address (P.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

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	D			<input type="checkbox"/> DELETE	BAUER, GEORGE W	2191 US HIGHWAY 27 NORTH	SEBRING FL 33870																				
	VT			<input type="checkbox"/> DELETE	BAUER, EMILY J	2191 US HWY 27 NO	SEBRING FL																				
	C			<input type="checkbox"/> DELETE	BAUER, JAMES A	2227-G ARBUCKLE CK RD	SEBRING FL																				
	SP			<input type="checkbox"/> DELETE	BAUER, EMILY J	2227-G ARBUCKLE CK RD	SEBRING FL																				
				<input type="checkbox"/> DELETE																							
				<input type="checkbox"/> DELETE																							

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, with all other like empowered.

SIGNATURE: *George W. Bauer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
 382-2100
 Daytime Phone #

CR2E034 (1/98)