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Change Addition

Daytime Phone #

CORI ANNU	PROFIT PORATION IAL REPORT				r of	STATE	FILED		•	
ANNU.	IAL REPORT		Kathe	Idaa			FILED			
	100		Katherine Harris Secretary of State		99 SEP 10 PM 3: 04					
	1999 DIVISION OF CORPORATIONS			77 3C1 10 111 0. 04						
DOCUMENT # P96000082475					SECRETARY OF STATE					
	EATS, INC.									
	Errio, ino.					/				
rincipal Place of Business Mailing Address					- I INDIADOL HA INUE BUIK ANNI DOKI OBIN D	EPOT KOKKE ULDIT ETOTI (I	PRAT ATTI TRA			
X94 ESTEPONA AVE 3994 ESTEPONA AVE IAMI FL 33178										
					DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualified 10/02/1996			
Principal Pla	lace of Business	<b>├</b> ─	Mailing Address				4. FEI Number	<del> </del>	olied For	
Suite, Apt. #, etc.  City & State		s	26 Suite, Apt. #, etc. 27 City & State			<del></del>	65-0708024  5. Certificate of Status Desired	\$8.75 A		
							6. Election Campaign Financing \$5.00 May			
Zip	Country	28	lip	Col	untry		Trust Fund Contribution      This corporation owes the current year			
	25	29		30	1		Intangible Personal Property.	_==	No	
	9. Name and Address of C	variant Kedizta	ed Agent		81	Name	10. Name and Address of New Register	eo Agent		
Schwenker, annette 3994 Estepona ave.			82 Street Addre		Street Add	ress (P.O. Box Number is Not Acceptable)		····		
MIAM	il FL				83			,		
					84	City		85 Zip C	ode	
Pursuant	to the provisions of sections 60	7.0502 and 607.	1508, Florida Statut	es, the al	eve-	named corpo	oration submits this statement for the purpose of on's board of directors. I hereby accept the appropriate the purpose of the		istered	
	am familiar with, and accept the	state of Florida cobligations of, s		lorida Sta	itutes	ine corporati	on a board or directors. I hereby accept the ap	opointment as reg	istereu	
NATUR (	Signature, typed or printed name of registe	ered agent and title if ap	pplicable. (N	OTE Regist	ered Ag	gent signature req	ulred when reinstating) DAT			
Т	OFFICER D	RS AND DIRECT		13.	71.5		ADDITIONS/CHANGES TO OFFICERS			
	SCHWENKER, ANNETTE		DELETE		AME	}		Change	Addition	
	3994 ESTEPONA AVE					ADDRESS				
ST-ZIP	MIAMI FL 33178			1.4 0	ITY-ST-	ziÞ	90000298	8309	8	
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				2.2 N	AME		****150.(	)() ****1		
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5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

6.4 CITY-ST-ZIP

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 if an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name applied to the corporation or on an attachment with an address.

DELETE

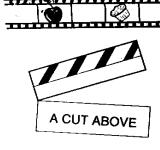
CITY-ST-ZIP

STREE! ADDRESS

SIGNATURE(x)

TITLE

NAME



## REEL TREATS

Anneite & Joni

To whom it May Concur. I was unaware that I. needed to take care of this my husband. had a heart attack and. he usually handles all of this we had conged my Company from. a C. Corp. To a S. Corp. I thought It cuas. done. I prought it to a account who imformed me that I need to take care of this immediately. I am: sinding \$ 15000 dollars - Please litme. Know if this not accetable. I will Try and get the rest of the money. Thank you.

Mrs Schwenber