## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 28 1997 8:00am Secretary of State

1997

DOCUMENT # P96000095706 (3)

LUV 'N COOKIES INC.

14155 US HIG SUITE 304	se of Business BHWAY ONE FL 33408-1499	14 Sl	Mailing Address  14155 US HIGHWAY ONE SUITE 304 JUNO BEACH FL 33408-1442				
							3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1996
2. Principal F	Place of Business	26. 26	Mailing Address		•		4. FEI Number Applied For 65 - 6717 513 Not Applicable
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired Section 1 Section 1 Section 2 Sec
City & Sta	le	28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country	29	Zip	$\overline{}$	ountry	,	8. This corporation has liability for intangible tax under s. 199.032,
241	9. Name and Address of Currel		tored Arent	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent
DA			round Whelf	-	81	Name	
	YNOR, JEFFREY S				"	1401116	
	155 US HIGHWAY ONE ITE 304				82	Street	et Address (P.O. Box Number is Not Acceptable)
JUI	NO BEACH FL 33408-1499				83		
					84	City	85 Zip Code
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 6 of Florid	07.1508, Florida Statu da. Such change was	ites, the	above zed by	e-named the cor	ed corporation submits this statement for the purpose of changing its registered prporation's board of directors. I hereby accept the appointment as registered
	am familiar with, and accept the oblig	ations of	, Section 607.0505, F	lorida Si	tatutes	3.	
SIGNATURE	Signature: typed or printed name of registeres age	ent and little	if applicable. (NO	TE: Registe	ered Age	nt signature	ure required when reinstating) DATE
12.	OFFICERS AN	D DIREC		13	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1	TITLE		☐ Change ☐ Addition
NAME	MCGILL, FRANCES M	١.			NAME		
STREET ADDRESS	300 OCEAN TRAIL WAY #100 JUPITER FL 33477	<i>)</i>				ADDRESS	8
CITY - SI - ZIP TITLE	D D		DELETE	_	CITY-S	T-ZIP	- I Observe II Addition
NAME	OLEJARZ, JEANNE M		יין אנגנונ		TITLE		L. Change Addition
STREET ADDRESS	1605 US HIGHWAY ONE S-9-	r.			NAME	1000000	
	JUPITER FL 33477	•				ADDRESS	
CITY - ST - ZIP	TWITTEN WETT!		DELETE		4 CITY - S	51- LIP	Change Addition
NAME			<del>-</del> "		NAME		- County - County
STREET ADDRESS						ADDRESS	S
CITY - ST - ZIP					CITY-S		
TITLE			DELETE	******	TITLE	,, Li	☐ Change ☐ Addition
NAME					2 NAME		
STREET ADDRESS				4.3	STREET	ADDRESS	s
CITY - S1 - ZIP				4.4	CITY-S	T-ZIP	
TITLE			DELETE	5.1	TITLE		☐ Change ☐ Addition
NAME				5.2	NAME		
STREET ADDRESS				5.3	STREET	ADDRESS	3
CITY-ST-ZIP				5.4	CITY-S	T-ZIP	
TITLE			DELETE	6.1	TITLE		Change Addition
NAME				6.2	NAME		
STREET ADDRESS				63	STREET	ADDRESS	s
CITY_ST_7/P					CITY C	מוכ ד	

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 eath; 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 chapted or or an attachment with an address

SIGNATURE

SCHAMMENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFIRECTOR

1-19-97 561-743-070