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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100413 (9)

AMERICAN DREAM NUT COMPANY, INC.

Principal Place of Business Mailing Address 123 CAMBRIDGE DRIVE 123 CAMBRIDGE DRIVE LONGWOOD FL 32779-5707 LONGWOOD FL 32779 3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3414647 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has hability for intangible tax under s. 199 032, Yes 🔲 No 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SOUTHERN LARSEN, ERIK C ANUL 243 W. PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 WINTER PARK FL 32779 83 DONE CAMBRIDGE 84 ロベム・レノロビマ 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

R. Souther VSD

1. Souther Statement for the purpose of changing its registered by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. Addition PD □ DETER Change TITLE 1.1 TITLE WALLER, CHRIS NAME 1.2 NAME THE POPLARS, HALLCROFT RD 1.3 STREET ADDRESS STREET ADDRESS RETFORD, NOTTS DN22 7RA FL 32779 CITY-ST-ZIP DELFTE VSD Addition Change TITLE 2.1.101€ SOUTHERN, PAUL NAME 2.2 NAME 123 CAMBRIDGE DRIVE STREET ADDRESS 2.3 STRLET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP 2 4 CITY - ST - 7/P DITTE Change Addition TITLE 3.1 TiTLE NAME 3.2 NAM: STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIF DETETE Change Addition TITLE 4.1 HIGE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7:P DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP TITLE OFFETE 6.1 TiTLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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.

CNATURE: P. Sarphan J. 1869