07221999-90010-002-$150.00-$150.00

99.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90010 002 ***150.00
08-17-1999 90006 013 ***400.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P97000006090

1. Corporation Name

DREAM CONES OF PLANTATION, INC.

Principal Place of Business	Mailing Address
2334 NW 139TH AVENUE SUNRISE FL 33323	2334 NW 139TH AVENUE SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1997

2. Principal Place of Business	2a. Mailing Address
21 1007A S. UNIVERSITY DR.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PLANTATION, FL	28 City & State
24 Zip: 33316 25 Country: USA	29 Zip 30 Country

4. FEI Number: 65-0724973 ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARR, DANIEL A
8220 STATE ROAD 84
SUITE 200
DAVIE FL 33324

10. Name and Address of New Registered Agent

81 Name: BOB MAHONEY
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3801 N. FED HWY
84 City: POMPANO FL 85 Zip Code: 33064

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: BOB MAHONEY 8/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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	PD CANNON, TODD M 2334 NW 139TH AVENUE SUNRISE FL 33323	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/T/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CANNON, HOLLY S 2334 NW 139TH AVENUE SUNRISE FL 33323	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/S/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SLADE, BILL 2334 NW 139TH AVENUE SUNRISE FL 33323	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SLADE, DENISE 2334 NW 139TH AVENUE SUNRISE FL 33323	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: [signature] TODD M. CANNON 6/1/99 954 723-9969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #