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
2334 NW 139TH AVENUE
SUNRISE FL 33323

Mailing Address
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
21 1067A S. UNIVERSITY DR.
Suite, Apt. #, etc. 22
City & State 23 PLANTATION, FL
Zip 24 33316 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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

TITLE	PD	☐ DELETE
NAME	CANNON, TODD M	
STREET ADDRESS	2334 NW 139TH AVENUE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VD	☐ DELETE
NAME	CANNON, HOLLY S	
STREET ADDRESS	2334 NW 139TH AVENUE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	TD	☒ DELETE
NAME	SLADE, BILL	
STREET ADDRESS	2334 NW 139TH AVENUE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	SD	☒ DELETE
NAME	SLADE, DENISE	
STREET ADDRESS	2334 NW 139TH AVENUE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/S/D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: TODD M. CANNON 6/1/99 954 723-9969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)