SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PATISSERIE HANDAL, INC.

FILED Sep 30 1998 8:00am Secretary of State



Principal Plac	e of Business	Malling Address				- LEADEIDDE HIN IBIEL INDEL DANN DONN DONN	00110 ##F10 11011 00111 10001 1101 #60#
912 SO CENTE	912 SO CENTER ST.						
EUSTIS FL 327	EUSTIS FL 32726						
				DO NOT WRITE IN THIS SPACE			THIS SPACE
						3. Date Incorporated or Qualified	
						03/03/1997	
<u> </u>	Place of Business	2a. Mailing Address	Mailing Address			4. FEI Number	Applied For
21	H -1-	26	_ t				Not Applicable
Suite, Apt.	#, BIC.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & Stat		City & State	City & State				Fee Required
├─ `		28	¬ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country			· · · · · · · · · · · · · · · · · · ·	
24	25	29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
CYR	us, r obert r			81 Na	ne		
214-A NORTH THIRD ST LEESBURG FL 34748				82 Str	Street Address (P.O. Box Number is Not Acceptable)		
					Jet Addres	ss (P.O. Box Number is Not Acceptable)	
				83			
			-	84 Cit	,		85 Zip Code
44 5							<u> FL</u>
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	Signature turned or printed name of	registered agent and title if applicable (N	OTE: Bealeter	d Annat at		ed when reinstating) DA	
12.		FICERS AND DIRECTORS	13.	id Agent Bil	HEIGH FEGURE	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 7 (7)	E		57 ST	Change Addition
NAME	HANDAL, JAMAL B	<u> </u>	1.2 NA		ப்பட்	da Rose	Charige Addition
STREET ADDRESS	912 SO CENTER ST.		1.3 STI		88 912	Si center st.	
CITY-ST-ZIP	EUSTIS FL 32726			/-\$T-ZIP		uotis FL 32726	
TITLE		DELETE	2.1 TITI		1,0	WII I G OAME	Change Addition
NAME	HANDAL, VICTOR B	2_00000	2.2 NAM		j .		Change
STREET ADDRESS	912 \$0 CENTER ST.	CENTED OT		EET ADDRE	22		
CITY-ST-ZIP	ELICTIC EL 20702		-ST-ZIP	~			
TITLE	2.70		3.1 TIT				Change Addition
NAME	3.2 NA					LJ Change LJ Audition	
STREET ADDRESS				EET ADDRE	ss		
CITY-ST-ZIP			3.4 CIT	'-ST-ZIP			
TITLE		DELETE	4.1 T(T)		1		Change Addition
NAME			4.2 NAS	E			Change Rushon
STREET ADDRESS			4.3 STR	ET ADDRE	is		
CITY-ST-ZIP				ST-ZIP			
TITLE	- 1700 - 1	DELETE	5.1 TITL		1		Change Addition
NAME		, July 12	5.2 NAN	E			Change L Addition
STREET ADDRESS			1	ET ADDRE	is		
CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	6.1 TITL		-		Change Addition
NAME			6.2 NAM				Change [] Modition
STREET ADDRESS				ET ADDRE	is i		
CITY-ST-ZIP			6.4 City		1		

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 frue 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 frustee 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 attackment with an address.

9/19/00 (20) 500 4000