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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name FLORIDM DONUT

Principal Place of Business

3541 U.S. 441 ←3451

Mailing Address

3541 U.S. 441 3:457

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90077 048 ***150.00

HOLLYWOOD FL 33023		HOLLYWOOD FL 33023		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 09/17/1997		4
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21 1	ame as alo	~128		65-0750519	No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Stat	e —	City & State -		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	_ :)
24	25	29	30	Personal Property Tax.	☐ Yes	□Nox /
 	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	nd Agent	
3541	LE, JOHN P3+5 I SW 60TH AVE LYWOOD FL 33023		82 Street Avid 3 9 83 84 Cuby	ress (P O Box Number is Not Acceptable)	(X) (*)	Code
11. Pursuant office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with and accept the oblig	ations of, Section 607.0505, FI	utes, the above-named corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the apparent when rehistancy.	- 32	ひある
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ OELETE	1.1 TITLE		Change	☐ Addition
NAME	SHALE, JOHN P 345	1 Pm	12 NAME			-
STREET ADDRESS	שות ונועף ייש ודשט	, 072,	1 3 STREET ADDRESS	no change or	asau	moy,
CITY-ST-ZIP	HOLLYWOOD FL 33023		14 CffY-ST-ZIP	<i>U</i>		
mle		☐ DELETE	2.1 TITLE	<u> </u>	Change	Addition
NAME			2.2 NAME	***	~	
STREET ADDRESS			2.3 STREET ADORESS	•		
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		C DELETE	3.1 TITLE		Change	☐ Addition
NAME	* * :		3 Z NĀME	- · · · · · · · ·	;	1.5
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>	·	3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	•	☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5 I TITLE	 :-	☐ Change	☐ Addition
NAME			5.2 NAME			ļ
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME	John R.	11.	62 NAME	α		
STREET ADDRESS	Man and	Jonan .	6.3 STREET ADORESS	1/2		
CITY-ST-ZIP	1 1 1		64 CITY-ST-ZIP	-		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 or 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, with all other like empowered.