

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90204 039 ***150.00

DOCUMENT # P97000036653

1. Corporation Name
CHUCKLES FAVORITE THINGS, INC.

Principal Place of Business

2201 SE INDIAN ST
UNIT E5
STUART FL 34997
US

Mailing Address

4105 JONQUIL CIRCLE SOUTH
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

65-0809527

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 Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 2201 SE Indian St.

Suite, Apt. #, etc.

22 Unit 12, Bldg. H.

City & State

23 Stuart FL 34997

Zip

24 34997

Country

25 Martin

2a. Mailing Address

26 4105 Jonquil Cir S.

Suite, Apt. #, etc.

27 Palm Beach Gardens FL

City & State

28 Palm Beach Gardens FL

Zip

29 33410

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

CZAJKOWSKI, JEROME
4105 JONQUIL CIRCLE SOUTH
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

JEROME CZAJKOWSKI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

04-28-99

12. OFFICERS AND DIRECTORS

TITLE VP
NAME CZAJKOWSKI, JEROME P
STREET ADDRESS 4105 JONQUIL CIRCLE SOUTH
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE PRESIDENT
12 NAME CZAJKOWSKI, JEROME P
13 STREET ADDRESS 4105 JONQUIL CIRCLE SOUTH
14 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-28-99

561-627-4119

0029301

CR2E034 (11/98)