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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000051593 (6)

MIDNIGHT DELIGHT ENTERPRISES, INC.

THOMSON, GEORGE BAKER

**SIGNATURE:** 

Principal Place of Business Mailing Address 420 SOUTH DIXIE HIGHWAY 420 SOUTH DIXIE HIGHWAY **CORAL GABLES FL 33146 CORAL GABLES FL 33146** 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State 23 28 Zìp Country Zip Country 24 29 30

9. Name and Address of Current Registered Agent

## FILED Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

06/09/1997

65-0779641

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

4-7-98

6. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

420 SOUTH DIXIE HIGHWAY			2 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 4-K CORAL GABLES FL 33146		83			
	THE GRADECO I E GOTTO	B4	City	as Zip Code	
				F <u>L</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 origination of, Section 607,0505, Florida Statutes.					
SIGNATURE Server Bourse benefit and the discrete and the					
Storature, Approximated name of registrated agent and title if applicable (NOTE Registered Agent signature required when reinstating)  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II					
TITLE	D DELETE 1.1 TI	TLE		Change Addition	
NAME	BLAND, GEORGE A 12 N	AME			
STREET ADDRESS	AAAAA AAAAA AAAAA AAAAA AAAAAAAAAAAAAA	TREET	ADORESS		
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STREET ADDRESS	r en		address		
CITY-ST-ZIP		TY-S	-ZIP	Change Addition	
TITLE				Citalinge C Applicant	
NAME OTDECT ADDRESS	62 N		ADDRESS	}	
STREET ADDRESS					
CITY-ST-ZIP	6.4 0 sertify that the information supplied with this filing does not qualify for the ex			Led 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.					

81 Name