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

Block 12 or Block 13 if changed, or on aportion intent with an address.

SIGNATURE.

May 26 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000051696 (7) WE'RE NUTS, INC. Principal Place of Business Mailing Address 7520 NW STH ST. 7520 NW STH ST. TATION FL 33317 PLANTAXION FL \$3317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 2509 S.W. 73rd. Terr. 2509 S.W. 73rd. Terr Not Applicable 21 Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional n/a n/a Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Davie, FL Davie, FL 23 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible 33317 USA 24 33317 USA Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name SAMMAROQ VINCENT T <u>Elaine Scola</u> 1000 N. HINTUS RD., SUITE 140 82 Address (P.O. Box Number is Not Acceptable) 2509 S.W. 73rd. Terr. Street REMBROKE RINES FL 33026 83 Davie, FL 84 City Zip Code 33317 Davie 11. Pursuant to the provisions of Sections 607.03.02 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 surface 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** (NO?E Registured Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE PD XI Change Addition TITLE 1.1 TITLE SCOLA, ELAINE NAME 1.2 NAME 25E034 7520 NW 5TH ST. 2509 S.W. 73rd. Terr. 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 Davie, FL 33317 CITY-ST-ZIP 1.4 CITY-ST-ZIP X DELETE Change 2.1 TITLE Addition TITLE NAMÉ SCOLA_JAMES 2.2 NAME **75**20 NW 5TH ST. 2.3 STREET ADDRESS STHFET ADDRESS PLANTATION FL 33317 CITY - ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE **GODWIN, CAMILLE** 3.2 NAME NAME **7520 NW** 5TH ST. STREET ADDRESS 3.3 STREET ADDRESS PLANTATION FL 33317 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CfTY-ST-ZIP TiTt F DELETE 6.1 UTLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 14. Thereby 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

FILED

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