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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061052 (1)

DOCTOR DONUTS, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Add	Mailing Address			L LODANDAL IND HOLLI BRAIN BRAIN BRAIN DONN DONN BRAIN HOUR DONN BRAIN LIDI HEAF
3725 N.E. 16	3RD ST.	3725 N.E.	3725 N.E. 163RD ST.			
NORTH MIAMI BEACH FL 33160			NORTH MIAMI BEACH FL 33160			DO NOT WINTE ALTINO OD LOS
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
ļ						·
2. Principal P	lace of Business	2a. Mailing	Address			07/14/1997 4. FEI Number Applied For
21	1400 01 200111000	— <u> </u>	26			65-0767233 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			SR 75 Additional
22		h1	[27]			5. Certificate of Status Desired Fee Required
City & Stat	e		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	y	8. This corporation owes or has paid the current year Intangible
24	25	29	30	5]		Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu	rrent Registered Ag	ent			10. Name and Address of New Registered Agent
AL	Man, Martin H			61	Name	August March H
174	YAWF FIGHWAY			62	Street A	Address (P.O. Box Number is Not Acceptable)
NO.	NORTH MIAMI BEACH FL 33160-3723					17290 NE 19AVE
				83		
				84	City	105 7in Code
	,				/	No. M. AMI SORCH FL 85 ZID Code
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						
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 fairly in the state of the state						
SIGNATURE	Water XI	Al	TARA	ON	H	Human 6/19/98
		of agent and bile if applicable	(NOTE: FI		ent signature i	required when reinstating) DATE
12.		AND DIRECTORS	DELETE.	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS/	L	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOBRÎN, LEV			1.2 NAME		
STREET ADDRESS	3725 N.E. 163RD ST.	20100			T ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		Nary eve	1.4 CITY - 5	ST-ZIP	
TITLE	DT DOTTENUE AT DATE		DELETE	2.1 TITLE		Li Change Li Addition
NAME	POTEMKINA VERA			2.2 NAME		
STREET ADDRESS	3725-N.E. 163RD ST. NORTH MIAMI BEACH FL	22100		2.3 STREE		- Pr 1
CITY-ST-ZIP TITLE	MORTH MIAMI BEAUTI FL	33 19U	DELETE	2. 4 CITY-	ST-ZIP	Change Addition
}		·	OLULIE	3.1 TITLE		L] Change L] Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET		
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	3 4. CITY-	ST-ZIP	Change Addition
		L	Office	41 HTLE	1	☐ Change ☐ Addition
NAME			1	4. 2 NAME		
STREET ADDRESS			į		ADDRESS	
CITY-ST-ZIP			DELETE	4.4 CITY - 5	51 - ZIP	Channa L Addition
TITLE		L		5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET		
CITY-ST-ZIP		·	DECETE	5.4 CITY - 9	ST-ZIP	
TITLE		L	DELETE	6.1 TITLE		Change Addition
NAME	· · ·			6.2 NAME		
STREET ADDRESS	!			6.3 STREET		
CITY-ST-ZIP	<u> </u>			6.4 CITY - S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·

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