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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070702 (0)

1. Corporation Name
MUNCHIES ETC., INC.

Principal Place of Business	Mailing Address
9319 WEST SAMPLE ROAD #201 CORAL SPRINGS FL 33065	9319 WEST SAMPLE ROAD #201 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1997

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 1375 Cypress Road	26 Suite, Apt. #, etc.: 902 Clint Moore Road
22	27 #132
23 City & State: Coconut Creek, FL	28 City & State: Boca Raton FL
24 Zip: 33063 25 Country: USA	29 Zip: 33487 30 Country: USA

4. FEI Number: 65-0778524 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WINIKOFF, ANDREW 9319 WEST SAMPLE ROAD #201 CORAL SPRINGS FL 33065	81 Name: Andrew Winikoff 82 Street Address (P.O. Box Number is Not Acceptable): 902 Clint Moore Road 83 #132 84 City: Boca Raton FL 85 Zip Code: 33487

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D VP	☒ Change ☐ Addition
NAME	WINIKOFF, ANDREW		1.2 NAME	Andrew Winikoff	
STREET ADDRESS	9319 WEST SAMPLE ROAD #201		1.3 STREET ADDRESS	902 Clint Moore Road #132	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP	Boca Raton FL 33487	
TITLE		☐ DELETE	2.1 TITLE	P.D	☐ Change ☒ Addition
NAME			2.2 NAME	Billie Green	
STREET ADDRESS			2.3 STREET ADDRESS	902 Clint Moore Road #132	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Boca Raton FL 33487	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Billie Green P.D 4/23/98