PROFIT. CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000070702

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90102 049 \*\*\*150.00

1. Corporation Name MUNCHIES ETC., INC. Principal Place of Business Mailing Address 902 CLINT MOORE RD 1375 LYONS RD COCONUT CREEK FL 33063 132 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487** 3. Date Incorporated or Qualifed 08/14/1997 Applied For 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Not Applicable 26 65-0778524 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees 28 Trust Fund Contribution 23 Zip Country 8. This corporation owes the current year Intangible Zip Country Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WINIKOFF, ANDREW Street Address (P.O. Box Number is Not Acceptable) 82 902 CLINT MOORE RD 83 **BOCA RATON FL 33487** Zip Code 84 City 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. Park Million 100 100 100 100 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE 1.2 NAME NAME WINIKOFF, ANDREW 902 CLINT MOORE RD 132 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME GREEN, BILLIE 2.3 STREET ADDRESS 902 CLINT MOORE RD, 132 STREET ADDRESS **BOCA RATON FL 33487** 2. 4 CITY-ST-ZIF CITY-ST-ZIF ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TIBLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 6.1 TITLE ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 apmual 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 of trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver of trustee empowered to execute this report as re Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

6.4 CITY-ST-77P

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98