

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

FILED

**May 13 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 # P97000085582 (9)

1. Corporation Name
PUCKERIN' PARTNERS, INC.



Principal Place of Business
**180 HAVILLAND CT.
LONGWOOD FL 32779**

Mailing Address
**180 HAVILLAND CT.
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/02/1997

4. FEI Number 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 Zip 25 Country

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**BOURNE, J. CRAIG
1520 E. LIVINGSTON ST.
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 **J. CRAIG BOURNE** DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD DEPIERRO, LINDA L
180 HAVILLAND CT.
LONGWOOD FL 32779**

**VD HUSSAIN, KIMBERLY
6311 BINNACLE CT.
WINTER PARK FL 32792**

**SD STANFIELD, ELEANOR A
1120 E. ARTESIA AVE.
OVIEDO FL 32765**

**TD SPOTTS, KATHRYN H
P. O. BOX 177
DEEP GAP NC 28618**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME **HUSSAIN, KIMBERLY**

2.3 STREET ADDRESS **3017 SADDLEBROOK CT. #203**

2.4 CITY-ST-ZIP **APOPKA, FL 32703**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 **Kimberly Hussain, VD Kimberly Hussain 4/22/98 774.4133 (407)**

CR2E034 (10/97)