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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97

P97000092328 (8)

1. Corporation Name MOSTLY DESSERTS, INC. Principal Place of Business Mailing Address 3300 UNIVERSITY DRIVE 3300 UNIVERSITY DRIVE SUITE 408 SUITE 408							j					
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
ļ								10/27/1997				
2. Principal F	Place of Busi	ness	2a, Mailing Ad	dress				4. FEI Number		<u>المحلا</u>	pplied For	
21			 1	26						7	ot Applicable	
Sulte, Apt	#, etc.		}¬	Suile, Apt. #, etc.				5. Certificate of Status Desired		,	Additional equired	
City & Sta	te		City & Sta	le				6. Election Campaign Financing		\$5.00	May Be	
23		.	28					Trust Fund Contribution		Added	to Fees	
Zip		Country	⊢ Zip	ļ	Country	У		8. This corporation owes or has pe				
24	a Block	25	29		30			Personal Property Tax due June			No	
		and Address of Curr	om negistered Ager		81	Name		10. Name and Address of New Ro	ลูมาลายเคต	Agent		
		RICHARD S P.A. ERSITY DRIVE										
	SUITE 408	ENOTE DUILE				Stree	t Addres	ess (P.O. Box Number is Not Acceptable)				
		DINICE EL SOME		83								
CORAL SPRINGS FL 33065						<u> </u>						
					84	City			FL	_ 85 Zip	Code	
agent I a SIGNATURE		d or printed name of registered a						alion submits this statement for the n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OFFI	DATE			
TITLE	D			DELETÉ	1.1 TITLE		T			Change	Addition	
NAME		NGER, RICHARD S			1.2 NAME		1					
STREET ADDRESS 3300 UNIVERSITY DRIVE,				E 408 1.3 ST		1 ADDRESS						
CITY-ST-ZIP	COR/	AL SPRINGS FL 3306		·	1.4 CITY-	ST-ZIP						
TITLE	}			DELETE	2.1 TITLE					Change	Addition	
NAME	}				2.2 NAME		}					
STREET ADDRESS					2.3 STREET							
CITY-ST-ZIP TITLE				DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP				Change	Addition	
NAME	ļ		٥	DECETE	3.2 NAME					T Augusta	חמוויים אוניים אוניים	
STREET ADDRESS						I ADDRESS						
CITY-ST-ZIP	1				3.4. CITY-							
TITLE				DELETE	4.1 TITLE	O. L.	 			Change	Addition	
NAME	}				4. 2 NAME					-		
STREET ADDRESS]				4.3 STREET	I ADDRESS						
CITY-ST-ZIP					4.4 CITY - S	ST-ZIP						
TITLE				DELETE	5.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	[5.2 NAME							
STREET ADDRESS					5.3 STREET	T ADDRESS						
CITY-ST-ZIP					5.4 CITY - 9	ST-ZIP	1					
TITLE			L	DELETE	6.1 TITLE		}			☐ Change	Addition	
NAME	1				6.2 NAME							
STREET ADDRESS					63 STREET	ADDRESS						

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 supply mental amount 12 port 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 of the processing trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changoir of on any attachment with an address.

FILED

May 13 1998 8:00am

Secretary of State