SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT



Sandra B. Mortham

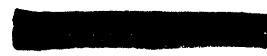
Secretary of State

**DIVISION OF CORPORATIONS** 

1998 DOCUMENT # P97.000103676 Creamy Cheese Cake Company P

Sep 16 1998 8:00am Secretary of State

FILED



Principal Place of Business Mailing Address						
4838 Candia Street SAME						
Cape Loral FL 33904					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified [2-8-97]	
Principal Place of Business 2a. Mailing Address				4. FÉI Number	Applied For	
26				65-0799031	Not Applicable	
uite, Apt. #, etc. Sulte, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip Country 30				This corporation owes or has paid the e Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
Philip Ackerman 4811 SW & Place # 101 Cope Cord FL 33514			B1 Name			
			82 Str	Street Address (P.O. Box Number is Not Acceptable)		
			83			
•			84 City	1	F	85 Zip Code
<ol> <li>Pursuant to the provisions of sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga</li> </ol>	of Florida. Such change was a	uthorized	by the c	ed corpora corporation	ation submits this statement for the purpose of n's board of directors. I hereby accept the ap	changing its registered pointment as registered
SIGNATURE						
Signature, typed or printed name of registered agent and title H applicable (NOTE: Registered Agent and title H applicable)  OFFICERS AND DIRECTORS 13.				nature requir	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
(0) (0) (1)			ıF	- 1	ADDITIONS/CHANGES TO OFFICERS	<del></del>
TOWN THE POLICE PRINT		1.2 NA			•	Change Addition
		1.1070		ee		I

TI N Cufe Coral FL 33914 1.4 CITY-ST-ZIP CITY-ST-ZW Abbe L. Ackerman L 4811 SW & Place # 202 DELETE Change Addition 2.1 TITLE Dκ 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS Cape Coinl FL 33914 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE TITLE DELETE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 500002642505 Addition 6.1 TITLE TITLE DELETE NAME 6.2 NAME -09/17/98--01072--**04**3 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*558.75

14. I hereby cartify 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.