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

**FILED** Apr 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000103972 (0) DOCUMENT # AMMIRATA'S GOURMET CREATIONS, INC. Principal Place of Business Mailing Address 878 SW 9 STREET CIR #202 878 SW 9 STREET CIR #202 **BOCA RATON FL 33486 BOCA RATON FL 33486** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 08h 3030 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Young 25 Personal Property Tax due June 30. Yes Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMMIRATA, SANDRA 878 SW 9 STREET CIR #202 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required hen reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change ■ Addition AMMIRATA, SANDRA NAME 1.2 NAME 878 SW 9 STREET CIR #202 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 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 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. SANDRA AMMIRATA 4/15/98 561-3618782 SIGNATURE:

5.4 CITY-ST-2IP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

Change

Addition

61 TITLE

6.2 NAME

DELETE

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME