

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90032 039 ***150.00

DOCUMENT # P98000005550

1. Corporation Name

COOKIES BY DESIGN OF CENTRAL FLORIDA, INC.

Principal Place of Business

50 E. CENTRAL AVE.
ORLANDO FL 32801

Mailing Address

50 E. CENTRAL AVE.
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

593500278

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 the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 50 E. Central Blvd.

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32801

Country

25 Orange

2a. Mailing Address

26 50 E. Central Blvd.

Suite, Apt. #, etc.

27

City & State

28 Orlando, FL

Zip

29 32801

Country

30 Orange

9. Name and Address of Current Registered Agent

DOVALE, STEVEN
50 E. CENTRAL AVE.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Dovale, Steven

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

50 E. Central Blvd.

83

84 City

Orlando

FL

85 Zip Code

32801

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] President

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DOVALE, STEVEN
STREET ADDRESS 50 E. CENTRAL AVE.
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Dovale, Steven
1.3 STREET ADDRESS 50 E. Central Blvd
1.4 CITY-ST-ZIP Orlando, FL 32801

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VP/S
2.3 STREET ADDRESS Dovale, Jo Anne
2.4 CITY-ST-ZIP 50 E. Central Blvd.
Orlando, FL 32801

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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99

Date

(407) 481-0003

Daytime Phone #

CR2E034 (11/98)

0090506