PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90202 002 ***150.00

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DOCUMENT #	P98000023697
Corporation Name	· OCCOCECCO

Principal Place 18 NORTHEAS DANIA FL 3300	TIME SNACKS, INC. Se of Business T SECOND AVENUE M	Mailing Address 18 NORTHEAST SECOND AT DANIA FL 33004 2e. Mailing Address 26 Suite, Apt. #, etc.	VENUE	DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 03/12/1998 4. FEI Number 65~ 08 99 3 4 5. Certificate of Status Desired	SPACE App	olied For Applicable	
22 City & State	<u> </u>	27 City & State		A Floriton Compains Financing	\$5.00 I		,
23	· 	28		Trust Fund Contribution	Added to		-
Zip	Country	Zip [3	Country	This corporation owes the current year into Personal Property Tax.		□No	
24	9. Name and Address of Current		101	10. Name and Address of New Registered			
18 N	IEINKMAN, MARTIN NORTHEAST SECOND AVENUE IIA FL 33004		83	tress (P.O. Box Number is Not Acceptable)			
	to the provisions of Sections 607.0502 egistered egem or both, in the State or im familiar with endecoupt the obligation	and 607.1508, Florida Statute f Florida, Such change was aut pns of Section 507.0505, Florid	84 City s, the above-named corp thorized by the corporatio da Statutes.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	85 Zip C changing its r atment as reg		
SIGNATURE	Supplies, typed or preside harne of registered agent	and title if applicable. (NOTE: F	s, the above-named corporation the corporation of t	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint when releasing)	changing its ratingful as reg	registered listered	(88
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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.

6.2 NAME

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

NAME

STREET ADDRESS