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

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90300 017 ***150.00

| DOCUMENT # | P98000048783 |
|-------------------|-----------------|
| 4 Compretion Name | 1 000000 101 00 |

DOUGHLICIOUS DELIVERIES, INC.

Principal Place of Business 5227 MODTLIMEST SETH STREET Mailing Address

5327 NORTHWEST 55TH STREET

| COCONUT CREEK FL 33073 | | COCONUT CREEK FL 33073 | | DO NOT WRITE IN THIS SPACE | | | | |
|---|-----------------------------|------------------------|----------|--|--|--|--|--|
| | · | | | 3. Date Incorporated or Qualifed 06/01/1998 | | | | |
| 2. 21 | Principal Place of Business | 2a. Mailing Address | | 4. EEI Number Applied For Not Applied For Not Applied For | | | | |
| 22 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | | | |
| 23 | City & State | 28 | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| 24 | Zip . Country | Zip Cou | untry | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No | | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| O'NEILL, GERARD R 5327 NORTHWEST 55TH STREET | | | 81 82 | | | | | |
| COCONUT CREEK FL 33073 | | | | 83 | | | | |

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.

City

| agent. i a | m ramiliar with, and accept the obligations of, 5 | \$CBON 607.0303, 1 1011C | a Statutes. | | • | |
|----------------|--|--------------------------|------------------------------|-----------------------------|----------------|------------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if a | orlicable. (NOTF: R | egistered Agent signature re | guired when reinstating) D/ | ATE | |
| 12. | OFFICERS AND DIRECT | | 13. | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO | RS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | Change | ☐ Addition |
| NAME | O'NEILL, GERARD R | | 1.2 NAME | | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | O'NEILL, GAYLE R | | 2.2 NAME | | | |
| | 5327 NORTHWEST 55TH STREET | | 2.3 STREET ADDRESS | | | : |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | DELETE | 2.4 CITY-ST-ZIP | | ClChange = | Addition: |
| TITLE | the state of the s | | | | · · | - |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | · | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | Change | Addition |
| TITLE | • | ☐ DELETE | 4.1 TITLE | | Cisalge | ☐ Vagarion |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | , | | 4.3 STREET ADDRESS | | • | |
| CITY-ST-ZIP | · | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DEFELE | 5.1 TITLE | | . Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | , | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CULY OF SID | | | 6.4 CITY-ST-ZIP | | | |

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 change or on an attachment with an address, with all other like empowered.

SIGNATURE:

Zip Code