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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S10698** (6)

1. Corporation Name
THE ACCIDENTAL HOSTESS, INC.



Principal Place of Business

**9027 MOCKINGBIRD DR.
SANIBEL FL 33957**

Mailing Address

**9027 MOCKINGBIRD DR.
SANIBEL FL 33957-3609**

3. Date Incorporated or Qualified
11/05/1990

3a. Date of Last Report
03/28/1996

2. Principal Place of Business

21
Suite Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number
65-0228507

Applied For
☐ Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23
Zip

Country

28
Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNOWITZ, MARTIN G.
9027 MOCKINGBIRD DRIVE
SANIBEL FL 33957**

81 Name

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

83

84 City

FL

85 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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ARNOWITZ, MONIKA**
STREET ADDRESS **9027 MOCKINGBIRD DR.**
CITY-ST-ZIP **SANIBEL FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **OCHS, BARBARA**
STREET ADDRESS **1663 SAND CASTLE RD.**
CITY-ST-ZIP **SANIBEL FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **16411 Hillstone Cr. # 206**
2.4 CITY-ST-ZIP **Ft. Myers, FL 33908**

TITLE **D** ☐ DELETE
NAME **PERKINS, MARY**
STREET ADDRESS **1175 SANDCASTLE RD**
CITY-ST-ZIP **SANIBEL FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **776 Limpet Dr.**
3.4 CITY-ST-ZIP **Sanibel, FL 33957**

TITLE **D** ☒ DELETE
NAME **RASMUSSEN, BETTY**
STREET ADDRESS **1311 SAND CASTLE**
CITY-ST-ZIP **SANIBEL FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Monika E. Arnowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONIKA E. ARNOWITZ 2/14/97 941/472-4106

Date

Daytime Phone #

CR2E034 (9/96)