

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 25 AM 8:12

DOCUMENT # S15389

(7)

1. Corporation Name

FLORIDA CRACKERS, INC.

Principal Place of Business

5370 ADAMS ROAD
DELRAY BEACH FL 33484

Mailing Address

5370 ADAMS ROAD
DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/27/1990

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0250467

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 has liability for intangible tax under S. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESUTTI, MICHAEL J.

1925 W COLONIAL DR SUITE 215
ORLANDO FL 32804

800 N. FERNCREEK
ORLANDO, FL 32805

81 Name

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

83

84

City ORLANDO

FL

85

Zip Code

32803

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 reappointing)

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PT

PRESUTTI, DELPHINE

5370 ADAMS ROAD

DELRAY BEACH FL

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in changed, or on an attachment with an address.

SIGNATURE:

(Signature) MICHAEL J. PRESUTTI, Registered Agent

17 July 95

Date

809-779-5279

Telephone