

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 42 Suite, Apt. #, etc. 22 ST. CLAIRSVILLE, OH City & State 23 Zip 24 43950 Country 25 USA		2a. Mailing Address 26 P.O. Box 42 Suite, Apt. #, etc. 27 City & State 28 ST. CLAIRSVILLE, OH Zip 29 43950 Country 30 USA		3. Date Incorporated or Qualified 11/27/1990
		4. FEI Number 65-0250467	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired 8 <input checked="" type="radio"/> No	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent PRESUTTI, MICHAEL J. 3001 ALOMA AVE. STE. 109 WINTER PARK FL 32792		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 of person named as registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	Delphine PRESUTTI
NAME	PRESUTTI, DELPHINE	1.2 NAME	NA
STREET ADDRESS	5370 ADAMS ROAD	1.3 STREET ADDRESS	P.O. Box 42 (mailing) (N/A)
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	ST. CLAIRSVILLE, OH 43950
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Delphine Presutti** 4/15/98 240-171-0283

CR2E034 (10/97)