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

FILED Mar 19 1997 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # \$46031** (8)AMCAN DONUTS, INC. Principal Place of Business Mailing Address 6169 JOG ROAD, C-10 6169 JOG ROAD, C-10 LAKE WORTH FL 33467 LAKE WORTH FL 33467-6579 3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1991 08/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0257622 Not Applicable 26 Sulte, Apt. #, etc Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Oly & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Country Country 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GIAMATT, MICHAEL J. 6169 JOG ROAD Street Address (P.O. Box Number is Not Acceptable) C-10 83 LAKE WORTH FL 33467 84 City 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. Fam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. Signative, typa dion printerchance of registered agent and tire of applicable (NOTE: Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS 96/6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. □ D€LETE Change 1.1 TITLE TITLE GIAMATT, MICHAEL J. 1.2 NAME CR2E034 6169 JOG RD., C-10 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 1.4 CITY - ST-ZIP COLVEST 71P Tall, F DELETE 2.1 TITLE Change Addition LIVESEY, DAVID 2.2 NAME MARK \$1REEL ADDRESS 6169 JOG RD., C-10 2.3 STREET ADDRESS LAKE WORTH FL COY-ST ZIP 2 4 CITY-ST-ZIP DELETE Addition Change 3.1 THILE 1011 NAM 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 011Y S1-7IP 3.4. City - St - ZiP \_\_\_ Change Addition DELETE 41 TITLE 100 4. 2 NAME NAME

6.4 CITY-ST-ZIP CHY-\$1-703 14. If do nereby contry 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 applied report or supply mental 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 of the occupation occupation of the occupation occupation occupation occupation occupation occupation occupation occupation o

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