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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S53961

CRITSER SPECIALTIES INCORPORATED

Principal Place	of Business	Ma	ailing Address					1 10811914 191 31194 HILE IGHE		8 41 919 11 6		
3901 N 37TH A	WE :	390	N 37TH AVE									
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021										
									RITE IN THIS	SPACE		
							3.	Date Incorporated or Qualife	ed			
								05/20/1991			1	
2. Principal Place of Business		2a.	2a. Mailing Address					FEI Number		<u> </u>	 	lied For
21		26						65-0268684	<u></u>			Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.				5.	Certificate of Status Desired		• -		Iditional
22		27									e Req	
City & State	9	\vdash	City & State				6.	Election Campaign Financin	g 🗅			lay Be
23		28						Trust Fund Contribution			ded to	Fees
Zip	Country	<u> </u>	Zip		intry		8.	This corporation owes the co	urrent year Into		7	X(No
24	25	29		30	т			Personal Property Tax.	. Doglotorod	Yes		AINO
	9. Name and Address of Curre	nt Regis	tered Agent		81	Name	10.	Name and Address of Nev	registered /	-gent		
CRIT	SER, RAMONA K.				"	INAILIC						
	N 37TH AVE				82	Street A	ddress (F	P.O. Box Number is Not Acce	ptable)			
	LYWOOD FL 33021											
11021	LIWOOD I E GODE!				83							
					84	City				85	Zip Co	ode
					<u> </u>				<u> </u>	ᆚᆜ		
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 60 of Florid	07.1508, Florida Statut la, Such change was a	es, the a uthorized	bove by t	-named c the comor	orporation ration's bo	n submits this statement for the	ne purpose of cept the appoir	changin ntment a	ig its re as regi	egisterea stered
agent. I ar	m familiar with, and accept the obliga	ations of,	Section 607.0505, Flo	rida Stat	utes.			•			_	
SIGNATURE												
	Signature, typed or printed name of registered age		f applicable. (NOTE	: Registered		t signature rec			DATE OFFICERS AND	O DIRE	CTOB	
12.	OFFICERS AI		f applicable. (NOTE	Registered	l Agent			reinstating) ADDITIONS/CHANGES TO C				
12. TITLE	OFFICERS AI		f applicable. (NOTE	13.	I Agent					D DIRE		RS IN 12
12. TITLE NAME	OFFICERS AI PD CRITSER, EDWARD D.		f applicable. (NOTE	13.	I Agent	t signature rec						
12. TITLE	PD CRITSER, EDWARD D. 3901 N 37TH AVE		f applicable. (NOTE	13. 1.1 T/ 1.2 N/ 1.3 S	TLE AME	ADDRESS						
12. TITLE NAME	OFFICERS AI PD CRITSER, EDWARD D. 3901 N 37TH AVE HOLLYWOOD FL		f applicable. (NOTE CTORS DELETE	13. 1,1 T/ 1,2 N/ 1,3 S ² 1,4 C/	TLE AME TREET	ADDRESS				☐ Cha	nge	☐ Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AT PD CRITSER, EDWARD D. 3901 N 37TH AVE HOLLYWOOD FL D		f applicable. (NOTE	13. 1.1 T/ 1.2 N/ 1.3 S	TLE AME TREET	ADDRESS					nge	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AT PD CRITSER, EDWARD D. 3901 N 37TH AVE HOLLYWOOD FL D CRITSER, RAMONA K.		f applicable. (NOTE CTORS DELETE	13. 1,1 T/ 1,2 N/ 1,3 S ² 1,4 C/	TLE AME TREET TY-ST	ADDRESS				☐ Cha	nge	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AT PD CRITSER, EDWARD D. 3901 N 37TH AVE HOLLYWOOD FL D CRITSER, RAMONA K. 3901. N 37TH AVE		f applicable. (NOTE CTORS DELETE	13. 1.1 T/ 1.2 N/ 1.3 S' 1.4 C/ 2.1 T/ 2.2 N/	TLE AME TREET TY-ST TLE AME	ADDRESS				☐ Cha	nge	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AT PD CRITSER, EDWARD D. 3901 N 37TH AVE HOLLYWOOD FL D CRITSER, RAMONA K.		f applicable. (NOTE	13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S'	TLE AME TREET TY-ST TLE AME	ADDRESS -ZIP ADDRESS		ADDITIONS/CHANGES TO C		☐ Cha	nge	Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ELWAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 (954) 963-7278