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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 02 1997 8:00am

Secretary of State

96/6)

POCUMENT # P94000046581 (2)

THE WEST INDIAN KITHCEN, INC. Principal Place of Business Mailing Address 8757 & US ONE 8757 \$ US ONE PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952-3310 3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1994 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0499930 26 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SNYDER, NAUDETTE P 8757 S US ONE **B2** Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL 34952 83 84 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TALE Change ___ Addition TITLE HAYE, MAY NAME 1.2 NAME CR2E034 1642 SE MARINER LANE STREET ADDRESS 1.3 STREET ADDRESS PORT ST LUCIE FL 34983 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition HAYE, RAYNOR A NAME 22 NAME 1642 SE MARINER LN STREET ADDRESS 2 B STREET ADDRESS PT ST LUCIE FL CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 1111.6 NAME 3.P NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ontal annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that giver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information supplied w information indicated on this annual report or sup I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or of 4/21/07