

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P97000069035 (8)**
 1. Corporation Name

CULINARY SYSTEMS INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

59-3464073

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 owes or has paid the current year intangible Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

Principal Place of Business

**9351 SIR LAWRENCE CT
 WINDERMERE FL 34786**

Mailing Address

**9351 SIR LAWRENCE CT
 WINDERMERE FL 34786**

2. Principal Place of Business

2a. Mailing Address

21 | Street, Apt. #, etc.

26 | Street, Apt. #, etc.

22 | City & State

27 | City & State

23 | Zip | County

28 | Zip | County

24 | 25 |

29 | 30 |

9. Name and Address of Current Registered Agent

**LAGANA, ANTONY L
 9351 SIR LAWRENCE CT
 WINDERMERE FL 34786**

81 | Name

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

83 |

84 | City

FL | 85 | Zip Code

11. Pursuant to the provisions of section 607.0502 and 607.1506, 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 the person filing this report (Secretary or Registered Agent)

(Print Name, Title, and Signature of each director, officer)

(Date)

12. OFFICERS AND DIRECTORS	
12.1 TITLE	<input type="checkbox"/> Deleted
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY/STATE/ZIP	
12.5 TITLE	<input type="checkbox"/> Deleted
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY/STATE/ZIP	
12.9 TITLE	<input type="checkbox"/> Deleted
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY/STATE/ZIP	
12.13 TITLE	<input type="checkbox"/> Deleted
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY/STATE/ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	PRESIDENT ANTONY L. LAGANA
13.3 STREET ADDRESS	9351 Sir Lawrence Ct. WINDERMERE FL. 34786
13.4 CITY/STATE/ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY/STATE/ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY/STATE/ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY/STATE/ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 registered broker 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 addendum.

SIGNATURE:

Antony Lagana

Antony Lagana 8-3-98 - 407-678-7843

CR2E004 (5-98)