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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000075983

A PERSONAL CHEF, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90056 029 ***150.00



Principal Place of Business Mailing Address					- I (BDIXES) HE LEID! IBIX BOUL BOUL BOUL BOUL INCO INVESTIGATION CONTRACTOR		
				,		•	
SUNRISE FL 33	10916 NW 40TH STREET SUNRISE FL 33351						
SUMMISE FL 33	1031	SOMMOL 12 30031			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 08/31/1998		
2. Principal P	lace of Business	2a. Mailing Address #6 (-			4 FEI Number	Ar	oplied For
21 1091	16 NW 407h ST	2a. Mailing Address 26 1804 NE 13 th ST		1650861810	. No	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22	•	27			5. Certificate of Status Desired	Fee Re	equired
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be		
23 Sun1	rise 71	18 FT. LAUDERdate FC		Trust Fund Contribution	Added		
Zip Country Zip			Country		8. This corporation owes the current year	ntangible	_
24 <i>33351</i> 25 29 33 30 4 30			Ì		Personal Property Tax.	☐ Yes	ØN6
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
	S, SHERRY A			Street Address (P.O. Box Number is Not Acceptable)			
	6 NW 40TH STREET		82	officer radices (1.5. Box Hamber to Her radiophoral)		·•	
SUN	RISE FL 33351		83				
			84	City		. 85 Zip (Code
					poration submits this statement for the purpose	┗╽ݐ᠘	
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation of the obligation of the control of the obligation o	of Florida. Such change was authons of, Section 607.0505, Florida	Statutes	the corporat	ion's board of directors. I hereby accept the appropriate the second sec	ointment as re	egistered
12. OFFICERS AND DIRECTORS 1:			13,		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	ELLIS, SHERRY A	SHERRY A 12N					
STREET ADDRESS	ACCAC AND ACTAL CORPETE		1.3 STREE	TADORESS			
CITY-ST-ZIP	ALDIDIOT CL. ADDE A		1.4 CITY-S	T-ZIP			ſ
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				}
STREET ADDRESS				TADORESS			ţ
CITY-ST-ZIP	==		2. 4 CITY-5		} === =	•	•
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				TADORESS			-
CITY-ST-ZIP			3.4. CITY-S	1			ĺ
TITLE		☐ DELETE	4.1 TITLE	, r- <u>z</u> n		☐ Change	☐ Addition
NAME			4.2 NAME	1			}
STREET ADDRESS	,			TADDRESS			
CITY-ST-ZIP	·		4.4 CITY-S	l			ì
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME		· ·		
STREET ADDRESS			5.3 STREE	TADDRESS	•		J
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	<u> </u>		Change	Addition
NAME			6.2 NAME		•	*	
				T ADDRESS			
STREET ADDRESS							

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 chapter or on an attachment with an address, with all other like empowered.

SIGNATURE

LUBERTUFE (RECOIRED

4/22/99

954 524 5765

Daytime Phone #

R2E034 (11/98)