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

**PROFIT** CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

21

22



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

Suite, Apt. #, etc.

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## DOCUMENT # P96000048232

CULINAIRE OF FLORIDA, INC.

Principal Place of Business Mailing Address

2121 SAN JACINTO 2121 SAN JACINTO **SUITE 3100 SUITE 3100** DALLAS TX 75201 DALLAS TX 75201

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90115 007 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

Not Applicable

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

06/06/1996

58-2243063

FEI Number

Zip	City. & State	<u> </u>	=	_Lity.& State		-			-6-Election Campaign Financing		\$5:00	•
9. Name and Address of Current Registered Agent  WILLFORD, DAVID 6 215 NORTH EOLA DRIVE ORLANDO FL 32801  38   Name  By Street Address (P.O. Box Number is Not Acceptable)  39   Street Address (P.O. Box Number is Not Acceptable)  30   Street Address (P.O. Box Number is Not Acceptable)  31   Name  32   Street Address (P.O. Box Number is Not Acceptable)  33   Street Address (P.O. Box Number is Not Acceptable)  34   City  FL   88   Zip Code  35   Street Address (P.O. Box Number is Not Acceptable)  36   City  FL   88   Zip Code  37   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 agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes.  38   Street Address (P.O. Box Number is Not Acceptable)  38   Street Address (P.O. Box Number is Not Acceptable)  38   Zip Code  30   Acceptable    30   Acceptable    30   Acceptable    30   Acceptable    30   Acceptable    31   Acceptable    32   Acceptable    33   Acceptable    34   Acceptable    34   Acceptable    35   Acceptable    36   City  FL   88   Zip Code  47   Acceptable    48   City  FL   88   Zip Code  48   City  FL   88   Zip Code  49   Acceptable    40   Acceptable    40   Acceptable    40   Acceptable    40   Acceptable    41   Acceptable    42   Acceptable    43   Acceptable    44   Acceptable    44   Acceptable    45   Acceptable    46   City  FL   88   Zip Code  47   Acceptable    47   Acceptable    48   Acceptable    48   Acceptable    49   Acceptable    40   Acceptable    40   Acceptable    41   Acceptable    42   Acceptable    43   Acceptable    44   Acceptable    45   Acceptable    45   Acceptable    46   City  FL   88   Zip Code  47   Acceptable    46   City  FL   88   Zip Code  47   Acceptable    47   Acceptable    48   Acceptable    49   Acceptable    40   Acceptable    40   Acceptable    41   Acceptable    42   Acceptable    43   Acceptable    44   Acceptable    45   Acceptable    46   City  FL	23	28							Trust Fund Contribution		Added t	o Fees
9. Name and Address of Current Registered Agent  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  WILLIFORD, DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE ORANDO FL 32801  DAVID G 215 NORTH EOLA DRIVE FL 3	Zip	Country	L,	· · · · -	intry			•	ent year Int			
WILLFORD, DAVID G 215 NORTH EOLA DRIVE ORLANDO FL 32801  33  44 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, and the provisions of Sections 607,0502, 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 office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registered office or registered agent. In the state and the state and registered office or registered agent. In the state and registered office or registered agent. In the state and registered office or registered agent. In the state and register	24	25 29 30					Totalian tabany taxi					LJNo
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215 NORTH EOLA DRIVE ORLANDO FL 32801  83  84 City FL 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, and a complete the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, and the state of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept the appointment as registered agent. A control of directors, I hereby accept and appointment as registered agent. A control of directors, I hereby accept and appointment as registered agent. A control of directors, I hereby accept and appointment as registered agent. A control of directors, I hereby accept and appointment as registe							Name					j
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.  SIGNATURE  Signature, Oped or protect name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when remission)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D CLUSSONI, RICHARD N  SIRRETADORESS  CITY 51.2P  DALLAS TX 75201  DELETE 1.1 TITLE  DELETE 2.1 TITLE  DALLAS TX 75201  DELETE 2.1 TITLE  DELETE 2.1 TITLE  DALLAS TX 75201  DELETE 2.1 TITLE  DELETE 2.1 TITLE  DELETE 3.3 STREET ADDRESS  CITY 51.2P  TITLE  DELETE 4.1 TITLE  DELETE 4.1 TITLE  DELETE 4.1 TITLE  DELETE 4.1 TITLE  DELETE 5.1 TITLE  DELETE 5.1 TITLE  DELETE 5.1 TITLE  DELETE 5.1 TITLE  DELETE 6.1 TITLE				·			-					
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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 Block 12 or Block 13 if phanged, or on an attachment with an address, with all other like empowered.