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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 527773 1. Corporation Name

Principal Place of Business

## HELVETIA RESTAURANT CORPORATION

| 785 MCINTYRE<br>WINTER PARK F<br>US           |  | 785 MCINTYRE AVENUE<br>WINTER PARK FL 32789<br>US   |                                    |                     | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  03/10/1977   |            |
|---|--|---|------------------------------------|---------------------|--|------------|
| 2. Principal Place of Business                |  | 2a. Mailing Address   |                                    |                     | 4. FEI Number Applied For 59-1747324 Not Applied be  | -          |
| 21  |  | 26  |                                    |                     | \$8.75 Additional  | Ⅎ          |
| Suite, Apt. #, etc.                           |  | Suite, Apt. #, etc.   |                                    |                     | 5. Certificate of Status Desired Fee Required  |            |
| City & State                                  | 3  | City & State  |                                    |                     | 6. Election Campaign Financing 55.00 May Be  | Ì          |
| 23  | ·  | 28  |                                    |                     | Trust Fund Contribution Added to Fees  | <u>-</u> - |
| Zip<br>24                                     | Country 25   | Zip 30  | Country                            |                     | 8. This corporation owes the current year Intangible Personal Property Tax.   ☐ No   |            |
|   | 9. Name and Address of Current   | <u> </u>  |                                    |                     | 10. Name and Address of New Registered Agent   | _          |
|   |  |   | 81                                 | Name                |  |            |
| VOGELBACHER, GEORGE                           |  |   | <u> </u>                           |                     |  | 4          |
| 785 MCINTYRE AVENUE                           |  | 82  |                                    |                     | Iress (P.O. Box Number is Not Acceptable) 26 WALKER AVENUE   | 4          |
| WINTER PARK FL 32789                          |  |   | 83                                 | -,                  |  |            |
|   |  | •   | 84                                 | City WT1            | NTER PARK FL 85 Zip Code 32789   |            |
| 11. Pursuant i<br>office or re<br>agent. I ar | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation  | and 607.1508, Florida Statutes,<br>Florida. Such change was authons of, Section 607.0505, Florida | the above<br>orized by<br>Statutes | named corn          | poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered | .          |
| SIGNATURE                                     | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE: Reg   | istered Ager                       | t signature require | ed when reinstating) DATE  |            |
| 12.   | OFFICERS AND   |   | 13.                                | 4-                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |            |
| TITLE   | PD   | ☐ DELETE  | 1.1 TITLE                          | Î                   | X Change ☐ Addition  | n          |
| NAME  | VOGELBACHER, GEORGE  | •   | 1.2 NAME                           |                     |  | Ì          |
| STREET ADDRESS                                | 785 MCINTYRE AVENUE  |   | 1.3 STREET                         | ADDRESS             | 1826 WALKER AVENUE   |            |
| CITY-ST-ZIP                                   | WINTER PARK FL   |   | 1.4 CITY-S                         | 1                   | WINTER PARK, FL 32789  | ſ          |
| TITLE   | ST   | DELETE  | 2.1 TITLE                          |                     | ☐ Change ☐ Addition  | ñ          |
| NAME  | VOGELBACHER, MONIQUE   |   | 2.2 NAME                           |                     |  | 1          |
| STREET ADDRESS                                | 785 MCINTYRE AVENUE  |   | 2.3 STREET                         | ADDRÊSS             | 1826 WALKER AVENUE   | ļ          |
| CITY-ST-ZIP                                   | WINTER PARK FL   |   | 2.4 CITY-5                         | ļ                   | WINTER PARK, FL 32789  | -1         |
| TITLE   | WINVERT TABLE TE   | DELETE  | 3.1 TITLE                          | -3-                 | ☐ Change ☐ Addition  | n          |
| NAME  |  |   | 3.2 NAME                           |                     |  |            |
| STREET ADDRESS                                |  |   | 3.3 STREET                         | ADDRESS             |  | -          |
|   |  |   | 3.4. CITY-S                        |                     |  | ł          |
| CITY-ST-ZIP<br>TITLE                          |  | ☐ DELETE  | 4.1 TITLE                          | -                   | ☐ Change ☐ Addition  | n          |
| NAME  |  | _   | 4. 2 NAME                          | }                   |  | 1          |
| STREET ADDRESS                                |  |   | 4.3 STREET                         | ADDRESS             |  | Į          |
| CITY-ST-ZIP                                   |  |   | 4.4 CITY+S                         | r-ZIP               |  | ╛          |
| TITLE   |  | ☐ DELETE  | 5.1 TITLE                          |                     | ∴ Change   | n )        |
| NAME  |  |   | 5.2 NAME                           |                     | - Land Ward Hard & Charles Hard Hard Hard Hard Hard Hard Hard Hard   | 1          |
| STREET ADDRESS                                |  |   | 5.3 STREE                          | ADDRESS             | e namene fferem blace erimet emple radiam beg anniel bende membe membe depre ment erm  | 1          |
| CITY-ST-ZIP                                   |  |   | 5.4 CITY-S                         | r-ziP               |  | _          |
| mue j   | alle bei be bei ber  | DELETE  | 6.1 TITLE                          |                     | ☐ Change ☐ Addition  | n          |
| NAME  |  |   | 6.2 NAME                           |                     |  | l          |
| STREET ADDRESS                                | and the state of t |   | 6.3 STREE                          | ADDRESS             |  | 1          |

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90107 004 \*\*\*150.00