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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State

#### FLORIDA DEPARTMENT OF STATE **Katherine Harris**

DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 817052 1. Corporation Name

#### TUPPERWARE HOME PARTIES CORPORATION

# **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90147 046 \*\*\*150.00



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Principal Place of Business Mailing Address												
14901 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837 US			14901 S ORANGE BLOSSOM TRAL ORLANDO FL 32837					DO NOT WRITI	E IN THIS S	PACE		
			3					3. Date Incorporated or Qualifed				
								04/11/1962				
								4. FEI Number		$\neg \neg$	Applic	ed For
2. Principal Place of Business			2a. Mailing Address					95-2831671			Not A	pplicable
21			26 Cuite Ant # oto								<b>5</b> Add	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired		Fe	∌:Requ	ired≃⊸ —
22			City & State					6. Election Campaign Financing		\$5.	00 ма	ay Be
City & State			<u> </u>					Trust Fund Contribution	<u> </u>	Add	ded to F	ees
23	0	28	Zip		Country	,		8. This corporation owes the curre	nt year Inta	ngible		,
Zip ──¬	Country	29	)	30	·			Personal Property Tax.		∐ Yes	<u>×</u>	(No
24	9. Name and Address of Curren		stered Agent		$\top$			10. Name and Address of New R	egistered A	gent		
	9. Name and Address of Curren	t iteg.			81	Nan	ne					
CT CORPORATION SYSTEM			82 Street Ad			ot Addr	ress (P.O. Box Number is Not Accepta	ble)				
1200 S. PINE ISLAND ROAD						Sue	et Addi	ess (i .o. box riamos is				
	TATION FL 33324				83							
FLAN	TATION 1 E 330E1				<u> </u>					85	Žip Co	
					84	1 1			FL	1	•	
		-	COZ 4500 Florid	n Statutes th	ne abov	/e-nam	ned corp	poration submits this statement for the on's board of directors. I hereby accept	purpose of o	hangir	g its re	gistered
11. Pursuant to	o the provisions of Sections 607.050	of Flor	rida. Such chang	e was author	ized by	the c	orporation	poration submits this statement for the on's board of directors. I hereby accep	t the appoin	unem	as regis	Nered
agent. I an	gistered agent, or both, in the State n familiar with, and accept the obliga	ations o	of, Section 607.0	505, Florida	Statutes	S.						
SIGNATURE				(NOTE: Begin	tered Are	ent signat	ture require	ed when reinstating)	DATE			
	Signature, typed or printed name of registered age OFFICERS Al	ent and thi	DECTORS	(NOTE: Negr	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	CTOR	S IN 12
12.		AD DIIV	DE	LETE	1.1 TITLE		$\top$			Ch	ange	☐ Addition
TITLE	P				1.2 NAME							
NAME	GOINGS, EV	TDAH			1.3 STREE		ESS					
STREET ADDRESS	14901 S ORANGE BLOSSOM	ITVAIL	•		1.4 CITY-			<u></u>				
CITY-ST-ZIP	ORLANDO FL		∏ DE	LETE	2.1 TITLE					☐ Ch	ange	☐ Addition
TITLE	AS				2.2 NAME		l					
NAME	LISEC, RICHARD	TOAH			2.3 STRE		RESS					
STREET ADDRESS	14901 S ORANGE BLOSSOM	IMAIL	<u>-</u>		2.4 CITY							
CITY-ST-ZIP	ORLANDO FL			ELETE	3.1 TITLE		-+-			Ch	lange	Addition
TITLE	AS				3.2 NAME							
NAME	ROELK, THOMAS M.	TD4:	•	ŀ	3.3 STRE		DESS					
STREET ADDRESS	14901 S ORANGE BLOSSOM	IKAli	L	1								
CITY-ST-ZIP	ORLANDO FL			ELETE	3.4. CITY 4.1 TITLE		-			CI	ange	☐ Addition
TITLE	VP				4.1 MLE							
NAME	ROSE, JR. J					III: EET ADDI	DESC					
STREET ADDRESS	14901 S ORANGE BLOSSOM	IHA	ι									
CITY-ST-ZIP	ORLANDO FL			ELETE	4.4 CITY	_	-+				hange	Addition
TITLE	VPD		U D	-L-L-1'L	5.2 NAM							
NAME	VAN SICKLE, PAUL B		1		l	EET ADD	RESS					
STREET ADDRESS		I IRAI	IL .		Ĭ	-ST-ZIP	ļ					
CITY-ST-ZIP	ORLANDO FL			ELETE	6.1 TITU		-+			c	hange	Addition
TITLE	ASD		LJL	JELETE	6.2 NAM							
NAME	DUNLAP, CHARLES L.					EET ADD	DRESS					
STREET ADDRESS					e a CITA	/ eT 710	, 1					
CITY-ST-ZIP	ORLANDO FL		- 40		6.4 CITY	notice	etated in	n Section 119.07(3)(i), Florida Statutes	. I further ce	rtify th	at the i	nformation
		idh AL	in filian door not	augunt for th	e exem	DUDIT	SIGICU II	1 000001 1 10.0. (0)(), 1 10.000		1 4/		000 00

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.

SIGNATURE:

Daytime Phone #