

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Martin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F34307** (1)

1. Corporation Name

CONTINENTAL KITCHENS, INC.

Principal Place of Business

525 ST. JUDES DR
LONGBOAT KEY FL 34228

Mailing Address

525 ST. JUDES DR
LONGBOAT KEY FL 34228

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

CHRISTENSEN, LYNN S
525 ST JUDE DRIVE
LONGBOAT KEY, FL
34228

11. Pursuant to the provisions of Sections 607 (0)(a) and 607 (1)(b), Florida Statutes, the undersigned 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 with a 30-day notice to the former agent, and accept the obligations of Section 607 (0)(2), Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

PD
CHRISTENSEN, HAROLD R
525 ST JUDE DRIVE
LONGBOAT KEY, FL 00000

[] DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. NAME

12. STREET ADDRESS

12. CITY, ST, ZIP

12. TITLE

12. NAME

12. STREET ADDRESS

12. CITY, ST, ZIP

12. TITLE

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12. TITLE

12. NAME

12. STREET ADDRESS

12. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not conflict with any other plan submitted in Section 119.07(3)(b), 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 attached sheet with my initials.

SIGNATURE: *Lynn S Christensen* VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

32996 941-383-0711



3. Date Incorporated or Qualified **05/11/1981** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2094596** 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 has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code **FL**

CR2E034 (12/95)