PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F69648**

1. Corporation Name

BLACK B	BEAN DELI, ING.							
Principal Place	of Business	Mailing Address				81981 911 61811 61	8)(8:8() 6)6)(9 :	1815 81851 1881
		RANCH MALL						
RANCH MALL 325 S. ORLANDO AVE. #1		325 S. ORLANDO AVE. #1						
WINTER PARK FL 32789		WINTER PARK FL 32789			RITE IN THIS	SPACE	 -	
					3. Date Incorporated or Qualif 03/04/1982	ed		
2. Principal Pl	ace of Business	2a. Mailing Address		•	4. FEI Number		<u> </u>	plied For
21		26			59-2287652			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	i 🗆	\$8.75 A Fee Re	
22 City 6 Chats		City & State			6. Election Campaign Financia		\$5.00	May Be
City & State		⊢ ′			Trust Fund Contribution	" 9 🗆	Added to	•
23 Zin	Country	28	Country		8. This corporation owes the o	current year Inte		
Zip	25 Country	· · _	10		Personal Property Tax.			□No
24	9. Name and Address of Curren				10. Name and Address of Ne	w Registered	Agent	
	The second secon		81	Name			 -	
	ITZ, GEORGE W.		82	Street Addre	ess (P.O. Box Number is Not Acco	eptable)		
	BRODVIEW AVENUE, APT #7		102	Ollege Addit	The second of the second of the second	e cajacconas	45 6 5 6 5 7	· · · · · · · · · · · · · · · · · · ·
WINT	ER PARK FL 32789		83					
	1	•	84	City	3	3 1 83 1 70 2430 3 2 1 83 1 70 2430 3	85 Zip C	
Mar. 24 (2) 12						<u> </u>	changing its	societorod
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above thorized by	e-named corpo the corporation	oration submits this statement for n's board of directors. I hereby ac	cept the appoi	ntment as reg	gistered
agent, la	m familiar with, and accept the obligation	tions of Section 607.0505. Florid	da Statutes					
agent. i ai	in lamillar with, and accept the obliga-	10010 01 0001011 00111000	au Otatoloo.	•				
						DATE		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Agen	t signature required		DATE OFFICERS AN	D DIRECTO	····
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Agen		when reinstating) ADDITIONS/CHANGES TO		D DIRECTO	····
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: F	13.					PRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PD MIAVITZ, GEORGE W	nt and title if applicable. (NOTE: F	Registered Agen 13. 1.1 TITLE 1.2 NAME	at signature required				PRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN PD MIAVITZ, GEORGE W 472 BROADVIEW AVE.#7	nt and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	it signature required				PRS IN 12
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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 of 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

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90045 047 ***150.00