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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # G01973**

1. Corporation Name

ALL BRANDS MICROWAVE OVEN SERVICE, INC.

ALL BRAN	DS WICHOWAYE OVER O	Liftion, mo.						
Principal Place of Business Mailing Address						,		
4211 N. ORANGE BLOSSOM TRAIL						·		
A-5 ORLANDO FL 32804 ORLANDO FL 32804						DO NOT WRITE IN THIS SPACE		
OHEMINDO TE SECOT			32804			3. Date Incorporated or Qualifed		
US STATE OF THE ST						09/29/1982		
Principal Place of Business 2. 2a. Mailing Address						4. FEI Number	L	ied For
2. Principal Pla	· · · · · · · · · · · · · · · · · · ·	26				59-2836866		Applicable
21	t etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Ad Fee Requ	
Suite, Apt. #	F. BIC.	27						
City & State	4 6	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23	Country	Zip		Country		8. This corporation owes the current ye	ar Intangible	٦
Zip	— · · · ·	29	30			Personal Property Tax.	X Yes L	□No
24	9. Name and Address of Curren					10. Name and Address of New Regist	ered Agent	
	9. Name and Address of Control			81	Name			
RUDOI, DENNIS				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
4211 N. ORANGE BLOSSOM TRAIL				83				3.8
SUITE A-5							85 Zip Ci	ada
ORLANDO FL 32804				84	City		FL 85 Zip Ci	Ode
				Ļ_		rporation submits this statement for the purp tion's board of directors. I hereby accept the	of changing its r	egistered
agent. 1 a	m familiar with and accept the oblig	ations of, Section 607.0)505, Florida	Statutes	S.	irod when reinstating) D	ATE	
	Signature, typed or printed name of registered ag	ND DIRECTORS	(1012:103	13.	_ <u>`</u>	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
12.		D DIVECTORS	ELETE	1.1 TITLE			. ☐ Change	☐ Addition
TITLE	PD POLICENIANOS			1.2 NAME				
NAME	RUDOI, DENNIS S.	AII OTE A.5		1.3 STREE	ET ADDRESS			
STREET ADDRESS		AIL,STE A-S		1.4 CITY-5				
CITY-ST-ZIP	ORLANDO FL		ELETE	2.1 TITLE			☐ Change	Addition Addition
TITLE			1	2.2 NAME				
NAME					ET ADDRESS		-	* * * * *
STREET ADDRESS				2.4 CITY-	-ST-7IP			
CITY-ST-ZIP			DELETE	3.1 TITLE			Change	Addition
TITLE				3.2 NAME				
NAME , .	· · · · · · · · · · · · · · · · · · ·				ET ADDRESS			
STREET ADDRESS				3.4. CITY			1 / 2 3 3 3 3 3	
CITY-ST-ZIP .			DELETE	4.1 TITLE			Change :	. '
TITLE	İ			4. 2 NAM		•		
NAME					ET ADDRESS			
STREET ADDRESS	S			4.4 CITY-				
CITY-ST-ZIP				4.4 0(11)			☐ Change	Addition

STREET ADDRESS 6.4 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 suppliemental annual report is true and appears 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 true employers of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an endress with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ DELETE

DELETE

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90047 033 ***150.00

Change

☐ Addition