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

PROFIT CORPORATION ANNUAL REPORT

1998

: : :: :: ::

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H7
1. Corporation Name
SIMPRADIS PESTALIDANT

(4)

FILED Apr 03 1998 8:00am Secretary of State

OINUB/	HU'S HER	STAURANT, INC.		_								
Principal Plac	e of Busine	ss	Mailing	g Address						IUR UIUII DAUA BI	Erk Birrii (69)	
78 DUNLAWTON AVE. 1877 SECLUSION DRIVE												
PORT ORANGE FL 32127 DAYTONA FL 32124								i	DO NOT WRITE IN THE	e edace		
US									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
								l	08/15/1985		}	
2, Principal P	Place of Bus	iness	a. Ma	iling Address					4. FEI Number		Applied For	
-= ; · ·				26					59-2580676	h+	ot Applicable	
Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.							Additional	
22			27	27					5. Certificate of Status Desired		Required	
City & Stat	Ø		Cit	City & State					6. Election Campaign Financing	\$5.00) May Be	
23				28					Trust Fund Contribution		to Fees	
Zip		Country	Zıp	Zip Country					8. This corporation owes or has paid the o			
24		25	29	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					Personal Property Tax due June 30. Yes No			
		and Address of Curre		d Agent		-	\$1		10. Name and Address of New Registers	d Agent		
		EKE, HILLAIRE A., JA	l.			81	Name	,			ļ	
1877 SECLUSION DRIVE						82 Street Address (P.O. Box Number is Not Acceptable)						
DA	YTONA BE	ACH FL 32124										
						83					}	
						84	City			85 Zip	Code	
			00 1007.4	100 51 21 69 1		Ш		4	F			
11. Pursuant office or r	to the provi registered a	sions of Sections 607.05 gent, or both, in the Stati	uz and 607.1 o of Florida. S	Such change was	tes, the a authorize	d by	the co	a corpo rporatio	ration submits this statement for the purpose in's board of directors. I hereby accept the a	or changing ppointment a	its registered s	
agent. I a	ım familiar v	with, and accept the oblig	gations of, Se	ection 607.0505, F	lorida Sta	tutes	5.				Ī	
SIGNATURE	Clanal na hua	d or printed name of registered #:	Soul and tale if and	de able (NO	TE Pagistara	d Aco	ot signatu	en redusirad	J when reinstating) DATE			
12.	Organica a, 19440	OFFICERS AN			13.	u Ago	- it olgrato	TO TE CONTO	ADDITIONS/CHANGES TO OFFICERS A		PS IN 12	
TITLE	VS			DELETE	1.1 11	TLE		Τ		☐ Change		
NAME	VAN H	OLLEBEKE, RACHELL	E		1.2 N	AME						
STREET ADDRESS	4 FAIRI	LAKE LN.			1.3 \$	TREET	ADDRESS					
CATY-ST-ZIP	GROSS	E POINTE MI			1.4 0	ITY-S	T-ZIP				ļ	
TITLE	PT	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	2.1 TI					☐ Change	Addition	
NAME		ollebeke, Hillaire,	JR.		22 N	AME		1]	
STREET ADDRESS	1877 S	eculsion drive			2.3 5	TREET	ADDRESS	.]]	
CITY-ST-ZIP	DAYTO	NA BEACH FL			2.40	HTY-S	ST - ZIP	.i				
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NAME					3.2 N	AME					1	
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CITY-ST-ZIP		··					ST-ZIP					
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NAME	1				4. 2 N	AME						
STREET ADDRESS					4.3 \$	TREET	ADDRESS				İ	
CITY-ST-ZIP					440	ITY - S	T- ZIP	 				
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NAME					5.2 N							
STREET ADDRESS	ļ				5.3 S	TAEET	ADDRESS				ļ	
CITY-ST-ZIP				TT 25.225		ITY-S	T - ZIP	↓		T 3		
TITLE				DELETE	6.1 T					☐ Change	☐ Addition	
NAME					6.2 N						į	
STREET ADDRESS				1			ADDRESS]	
CITY - ST - ZIP	ı				6.4 C	ITY-S			ection 119.07(3Vi) Florida Statutes, Lifurther			

Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 1.19.07(3)(f), Florida stations. Therefore certify that the information indicated on this annual report or suppliemental 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.