FLORIDA ANNUAL REPORT 1995

Florida Department of State
Division of Corporations

FILED
95 MAY -1 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H83590 (0)

1. Corporation Name
COUSINS' KITCHEN, INC.

Principal Place of Business	Mailing Address
6862 NW 20 AVENUE FORT LAUDERDALE FL 33309	6862 NW 20 AVENUE FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-2635711 ☐ 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

9. Name and Address of Current Registered Agent

TRICK JR., WILLIAM WATSON
600 SO FEDERAL HWY
3 FLOOR
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81 Name: GREEN, ALAN MARC
82 Street Address (P.O. Box Number is Not Acceptable): 2500 Hollywood BLVD.
83: Suite 212
84 City: Hollywood FL 85 Zip Code: 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	BARBERA, ANTHONY	12 NAME	BARBERA, Anthony	
STREET ADDRESS	5859 NW 74 STREET	13 STREET ADDRESS	5859 NW 74th St.	
CITY-ST-ZIP	PARKLAND FL 33067	14 CITY-ST-ZIP	Parkland, FL 33067	
TITLE	VDT	21 TITLE	VDT	☑ Change ☐ Addition
NAME	BARBERA, VINCENT	22 NAME	BARBERA, Denise	
STREET ADDRESS	8040 NW 54 ST.	23 STREET ADDRESS	5859 NW 74th St.	
CITY-ST-ZIP	LAUDERHILL FL 33351	24 CITY-ST-ZIP	Parkland, FL 33067	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Anthony Barbera 4/23/95 305-971-0809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Anthony BARBERA

081917 CP