PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 129100

<ol> <li>Corporation</li> </ol>	Name EAT AMERICAN TEA COMP	ANY, INC.							
Principal Place of Business Mailing Address						\$ 1002119 0100 31183 18581 17010 60	191 <b>4411 4</b>		imit mimit imas
21-301 ROYAL PALM WAY 21-301 ROYAL PALM WAY					1				
BOCA RATON FL 33432 BOCA RATON FL 33432					1				
US US					Ļ	DO NOT WRITE IN THIS SPACE			
						<ol> <li>Date Incorporated or Qualifed 10/13/1986</li> </ol>			
Principal Place of Business     2a. Mailing Address						4. FEI Number		App	olied For
26						5 <del>9-</del> 2740914		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		. \$8.75 A	
27						5. Certificate of Status Desired		Fee Red	quired
City & State City & State						6. Election Campaign Financing		*5.00	May Be
23 28						Trust Fund Contribution Added to Fees			
Zip         Country         Zip           24         25         29			Country	Personal Property Tax.			Yes	□No	
,	9. Name and Address of Current	t Registered Agent				0. Name and Address of New F	Registered	Agent	
			81	Name	ð .				
HENDER, JOHN 21-301 ROYAL PALM WAY			82	Street A	reet Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33432			83						
				l				85 Zip C	·odo
·			84	1		_	FL	<b>.</b>   `   `	1
11. Pursuant to office or reagent. I am SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, of Florida. Such change was auth ions of, Section 607.0505, Florid	, the above norized by a Statutes	e-named of the corpo	corpora oration's	tion submits this statement for the board of directors. I hereby acce	purpose of ot the appoi	changing its intment as rec	registered pistered
Signature, typed or printed name of registered agent and title if spplicable. (NOTE: Regi				nt signature re	dw beniups	en reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN		RS IN 12
TITLE			1,1 TITLE					Change	[] Addition
NAME	TIENDEN, OOTHITE		1.2 NAME						
STREET ADDRESS	21-301 ROYAL PALM WAY		1.3 STREET ADDRESS						}
CITY-ST-ZIP			1.4 CITY-5	T-ZIP				☐ Change	Addition
TITLE	_		2.1 TITLE					Ollarige	☐ Addition {
NAME			2.2 NAME	ļ					ļ
STREET ADDRESS	- 21 001 110 1112 11 11111		2.3 STREET	1					{
CITY-ST-ZIP			2. 4 CiTY-5	ST-ZIP	<del></del>	<u> </u>		Change	Addition
TITLE		DELETE	3.1 TITLE						
NAME			3.2 NAME						
STREET ADDRESS	·			TADORESS					
CITY-ST-ZIP			3.4. CITY-9 4.1 TITLE	31-219				Change	Addition
TITLE		C) precie	4.1 THE						_
NAME				T ADDRESS					
STREET ADDRESS			1	TADDRESS					Ì
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S ETE 5.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
			5.2 NAME	ļ					_
NAME CTREET ADDRESS				TADDRESS					1
STREET ADDRESS			5.4 CITY-S			1			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			<u> </u>		☐ Change	☐ Addition
NAME			6.2 NAME	]					
STREET ADDRESS			6.3 STREET	TADORESS					

CITY-ST-ZiPa 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NTED TO SIGNING OFFICER OR DIRECTOR

541-392-057

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90029 018 \*\*\*150.00