

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

* PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90025 003 ***511.25

DOCUMENT # K12509

1. Corporation Name
THE CAROUSEL KITCHEN, INC.

Principal Place of Business
% BRUCE M. GOTTLIEB
125 NORTH 46TH AVENUE
HOLLYWOOD FL 33021

Mailing Address
% BRUCE M. GOTTLIEB
125 NORTH 46TH AVENUE
HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1988

4. FEI Number

65-0031467

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M.
125 NORTH 46TH AVENUE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VPDS
LEVY, MARCIA W.
16353 NW 11TH STREET
PEMBROKE PINES FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PTD
LEVY, ARTHUR
16353 NW 11TH STREET
PEMBROKE PINES FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
VPDS
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
VPDS
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur H. Levy
Arthur H. Levy, Treasurer

4-4-99

Date

954-432-3661

Daytime Phone #

CR2E034 (11/98)

0140213