Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **K40988**

1. Corporation Name

Principal Place of Business

FAVORITE INDUSTRIES, INC.

FILED
May 06, 1999 8:00 am
Secretary of State
05 06 1000 00104 000 ***150 75

05-06-1999 90124 032



7255 W 98TH TERR BLDG 5 OVERLAND PARK KS 66212		7255 W 98TH TERR BLDG 5 OVERLAND PARK KS 66212			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
						10/25/1988	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				58-1813416 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt, #, etc.				5. Certificate of Status Desired X \$8.75 Additional	
22		27				5. Certificate of Status Besired A Fee Required	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees		
Zip Country		Zip Country			8. This corporation owes the current year Intangible		
24	25 29 30		0	Personal Property Tax.			
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
1505	POLDOTADT, INC		81	N	lame		
1200	•	82 Street Address (P.O. Box Number is Not Acceptable)		Street Addre	ess (P.O. Box Number is Not Acceptable)		
PLAN	ITATION FL 33324		83				
			84	C	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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	nt sig	mature required	d when reinstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	Kuti, Gerhard J.		1.2 NAME				
STREET ADDRESS	7255 W 98TH TERR, BLDG 5		1.3 STREET		DRESS		
CITY-ST-ZIP	OVERLAND PARK KS		1.4 C/TY-ST-ZIF		P		
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	ACORD, NANCY		2.2 NAME				
STREET ADDRESS	% 7255 W 98TH TER BLDG 5		2.3 STREE		DRESS		
CITY-ST-ZIP	ZIP OVERLAND PARK KS		2.4 CITY-5	ST-ZI	IP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADORESS			33 STREE		DRESS		
CITY-\$T-ZIP			3.4. C/TY-S		IP .		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAME		ļ		
STREET ADDRESS	DDRESS 4.33		4.3 STREET ADDRESS		ORESS	•	
CITY-ST-ZIP			4.4 CITY-S		Р [		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADI	DRESS		
CITY-ST-ZIP			5.4 CITY-S	ST-ZII	P		
TITLE	7.0	☐ DELETE	6.1 TITLE			Change Addition	
NAME .			6.2 NAME				
			6.3 STREE	T AD	ORESS		

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 ther like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

QUIRED