**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K95233

BLOSSOMS RESTAURANT, INC.

**FILED** Feb 05, 1999 8:00am **Secretary of State** 

02-05-1999 90006 001 \*\*\*150.00



| Principal Place                                    | of Business ,  | Mailing Address                      |                    |                              | ,  |                                     |   |  |
|--|--|--------------------------------------|--------------------|------------------------------|--|-------------------------------------|---|--|
| 2862-2864 UNIVERSITY DRIVE                         |  | 2862-2864 UNIVERSITY DRIVE           |                    | 1                            | •  |                                     |   |  |
| CORAL SPRINGS FL 33065                             |  | CORAL SPRINGS FL 33065               |                    | DO NOT WRITE IN THIS SPACE   |  |                                     |   |  |
|  |  | •                                    |                    |                              |  |                                     |   |  |
|  | ,  |                                      |                    |                              | 3. Date Incorporated or Qualit                     | <del>-</del>                        |   |  |
|  | •  |                                      |                    |                              | 06/14/1989   | <del></del>                         | \                                       |  |
| 2. Principal Place of Business 2a. Mailing Address |  |                                      |                    |                              | 4. FEI Number                                      | · · ·                               | Applied For                             |  |
| 26   |  |                                      |                    |                              | 65-0125858   |                                     | Not Applicable                          |  |
| 1  Cuito Ant :                                     | # etc  | Suite, Apt. #, etc.                  | uite, Apt. #, etc. |                              | 5 Certificate of Status Desired                    | 4 11 7                              | Additional                              |  |
| Suite, Apr. #, etc.                                |  |                                      |                    |                              | 5. Certificate of Status Desired                   | Fee !                               | Required                                |  |
| 2  | <u> </u>   | City & State                         |                    |                              | 6. Election Campaign Financi                       | ng _ \$5.0                          | May Be                                  |  |
| City & State                                       | <del>9</del><br>: .  | <u> </u>                             |                    | Trust Fund Contribution      | · Adde   | d to Fees                           |   |  |
| 3  |  | Zip Country                          |                    | 8. This corporation owes the | current year Intangible                            |                                     |   |  |
| Zip  | Country  | Zip                                  |                    |                              | Personal Property Tax.                             | Yes                                 | □No                                     |  |
| 4  | 25   |                                      | 30)                |                              | 10. Name and Address of Ne                         | w Registered Agent                  |   |  |
|  | 9. Name and Address of Curren  | t Registered Agent                   | 0.4                | 1 11                         | 10. Name and Address of No                         | rtogiotoro-                         | • •                                     |  |
|  | PARTITION OF THE   |                                      | 81                 | Name                         |  |                                     |   |  |
| SORBI, ALI MR.                                     |  |                                      | 82                 | Street Addr                  | Street Address (P.O. Box Number is Not Acceptable) |                                     |   |  |
| 31.97417   | NW 47TH PLACE  |                                      | -                  |                              |  |                                     |   |  |
| LAUI   | DERHILL FL 33319   |                                      | 83                 |                              | · · · · · · · · · · · · · · · · · · ·              |                                     |   |  |
|  |  |                                      |                    |                              | <u> </u>   | 1.3.3. 1.3.40 to 1.70 to            | p Códé                                  |  |
|  | • -  |                                      | 84                 | City                         |  | FI 85 Z                             | p Code                                  |  |
|  | to the provisions of Sections 607.050  |                                      |                    | J                            | tion or horite this statement for                  | the purpose of changing             | its registered                          |  |
| office or r<br>agent. I a                          | to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga   | tions of, Section 607.0505, Flori    | da Statutes        | 3.                           |  | _                                   |   |  |
| SIGNATURE  | Signature, typed or printed name of registered ager  | nt and title if applicable. (NOTE: I | Registered Age     | nt signature require         | ed when reinstating)                               | DATE                                |   |  |
| <u> </u>   |  | D DIRECTORS                          | 13.                |                              | ADDITIONS/CHANGES TO                               | OFFICERS AND DIREC                  | TORS IN 12                              |  |
| 12.  | P  | ☐ DELETE                             | 1.1 TITLE          |                              | 1.0 (143.6F).                                      | _ Chang                             | ge                                      |  |
| TITLE  | l '  |                                      | 1.2 NAME           | ļ                            | 4  |                                     |   |  |
| NAME   | SORBI, ALI R   |                                      |                    | T ADDRESS                    |  |                                     | - {                                     |  |
| STREET ADDRESS                                     | 7417 NW 47TH PALCE   |                                      |                    |                              |  |                                     |   |  |
| CITY-ST-ZIP  | LAUDERHILL FL 33319  |                                      | 1.4 CITY-5         | 51-ZIP                       |  | ☐ Chan                              | e                                       |  |
| TITLE  | <b>S</b>   | ☐ DELETE                             | 2.1 TTLE           |                              |  | . –                                 | _                                       |  |
| NAME   | SORBI, MOZHGAN   |                                      | 2.2 NAME           |                              | •  |                                     | 1                                       |  |
| STREET ADDRESS                                     | THE STATE OF A COLUMN TO A COLUMN TO STATE OF A COL |                                      | 2.3 STREE          | T ADORESS                    |  |                                     |   |  |
|  | LAUDERHILL FL 33319  |                                      | 2. 4 CITY-         | ST-ZIP                       |  | · ,                                 | ·- <u>-</u>                             |  |
| CITY-ST-ZIP  | ENGOLIS SIGE VE GOOTO  | ☐ DELETE                             | 3.1 TITLE          |                              | •  | ☐ Chan                              | ge 🗌 Addition                           |  |
| TITLE SOF  | St. Act Max  | _                                    | 3.2 NAME           | , .                          |  | •                                   |   |  |
| NAME:  | <b>国际情况的</b>   |                                      |                    | ET ADDRESS                   | er en e. s   | والمراجع والمراجع والمراجع والمراجع | 11 9 P 11 1 2 2 2                       |  |
| STREET ADDRESS                                     | LEMILO DE GRASS :  |                                      |                    |                              |  |                                     |   |  |
| CITY-ST-ZIP  | Freeze Team The NOVE Co.   |                                      | 3.4. CITY-         |                              |  | Chan                                | ge Addition                             |  |
| TITLE  |  | ☐ DELETE                             | 4.1 TITLE          |                              | 29 Table 1 Sec. 1                                  | . 1 € Proce (□ joine)               | • · · · · · · · · · · · · · · · · · · · |  |
| NAME   |  | 35                                   | 4. 2 NAME          |                              |  | •                                   |   |  |
| NAME<br>STREET ADDRESS                             |  |                                      | 4.3 STREE          | ET ADDRESS                   |  |                                     |   |  |
|  |  | ***                                  | 4.4 CITY+          | ST-ZIP                       | . <u></u>  |                                     |   |  |
| CITY-ST-ZIP  | 1  | ☐ DELETE                             | 5.1 TITLE          |                              |  | ☐ Chan                              | ge 🔲 Addition                           |  |
| TITLE .  | · , :  | _ =====                              | 5.2 NAME           | 1                            | 3 - 21 - 1   | ¥.                                  |   |  |
| NAME   |  |                                      |                    | ET ADDRESS                   |  |                                     | •                                       |  |
| STREET ADDRESS                                     | s  |                                      |                    |                              |  |                                     |   |  |
| CITY-ST-ZIP  | 15   |                                      | 5.4 CITY-          |                              | <u></u>  | Char                                | nge Addition                            |  |
| TITLE  | Digital Prints   | ☐ DELETE                             | 6.1 TITLE          |                              |  | □ Ona:                              | 90                                      |  |
| NAME   | 1447 45 (PR) ALL   |                                      | 6.2 NAME           |                              |  |                                     |   |  |
| . aranc  | <b>,我们没有工程。动物</b>  |                                      | 63 STDE            | ET ADDRESS                   |  |                                     |   |  |
| CTDCCT ADDDCC                                      | al (2014년 전 원기 2 원시 1994년)   |                                      | 0.5 5 1110         | +1,00,000                    |  |                                     |   |  |

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 adactoment with an address, with all other like empowered.

SIGNATURE