SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILE
95 FILED,
AUG -7
95 AUG -7 AM 11:31
SECRETARY O.
TALLAHASSEE
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L20798** **(9)**

1. Corporation Name

NATE'S TAKE OUT INC.

Principal Place of Business	Mailing Address
7560 NW 12 ST. PLANTATION FL 33313-5922	7560 NW 12 ST. PLANTATION FL 33313-5922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 210 NE 6 AVE
22: Suite, Apt. #, etc.
23: City & State: DELRAY BEACH FLORIDA
24: Zip: 33483
25: County: 4:SA

2a. Mailing Address
26: 210 NE 6 AVE
27: Suite, Apt. #, etc.
28: City & State: DELRAY BEACH FLORIDA
29: Zip: 33483
30: County:

4. FEI Number: 65-0161671 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COZIER, ENOS
5011 NW 16 CT.
LAUDERHILL FL 33313

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) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	VAUGHAN, NATHAN	12 NAME	
STREET ADDRESS	7560 NW 12 ST.	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MADGE WILLIAMS	22 NAME	
STREET ADDRESS	3663 N CARAMBOLA CIR	23 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, WINSTON	32 NAME	
STREET ADDRESS	3633 N. CARAMBOLA CIR.	33 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	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	

CR2E034 (3/95)

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: N Vaughan DIRECTOR 7/30/95 305 584 4456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074550 CP