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

DOCUMENT # L37681

1. Corporation Name

LOVE RESTAURANT, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90138 045 ***150.00



						IN BINTH BINT BINT	DIÖN ÖVEN IBÐI
Principal Place	e of Business	Mailing Address					
1749 OLD DIXIE HWY 1225 45TH CT SW							
105 41ST COURT VERO BCH FL 32968-2447					DO NOT WRITE IN THIS SPACE		
VERO BCH FL 32960 US US					3. Date Incorporated or Qualifed		
00					12/18/1989		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number		plied For
					65-0187365	N-	ot Applicable
21 1110 6Th Fivenue 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
22 # 11 B					5. Certifcate of Status Desired	Fee R	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 Vero Beach, Fla. 28					Trust Fund Contribution Added to Fees		
Zio	Country			y 8. This corporation owes the current year Intangible		Intangible	
- "32°	960 ₂₅	29	30		Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Registered Agent		-	10. Name and Address of New Register	ed Agent	
		_	8	1 Name			
KISTLER, JOHN PAUL JR. 1225 45TH CT SW				2 Street Addi	ress (P.O. Box Number is Not Acceptable)		
Ver	O BEACH FL 32968		8	3			
			8	4 City		. 85 Zip	Code
			8	4 City	F		Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the abo	ve-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as re	egistered
agent. La	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Section 607,0505, Flor	rida Statute	is.	on a board of an octorer thorough accept and ap		3
SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered age			ent signature require	ed when reinstating) DATE		2011140
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		DRS IN 12 ☐ Addition
TITLE	Ų VPT	☐ DELETE	1.1 TITLE			Change	Audilion
NAME	LOVE, ANNIE SUE		1.2 NAME				
STREET ADDRESS	1170 6TH AVENUE #11B		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		1.4 CiTY-				
TITLE	S DELETE 2.11		2.1 TITLE			Change	Addition
NAME	LOVE, LARRY		2.2 NAM				
STREET ADDRESS	1545 19TH ST, SW		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		2. 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	<u> </u>		Change	Addition
NAME			3.2 NAMI				
STREET ADDRESS			33 STRE	ET ADORESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAM	E			
STREET ADDRESS	6		4.3 STR	ET ADORESS			
CITY-ST-ZIP	1		4.4 CITY	ST-ZIP		· ·	
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAM	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
1			0.0 0114	L1. 40. 1000			
			5.4 C/TY				
CITY-ST-ZIP		☐ DELETE		ST-ZIP		☐ Change	☐ Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS