Mailing Address 20905 SW 240 ST.

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M08853

1. Corporation Name

Principal Place of Business

20905 SW 240 ST.

CITY-ST-ZIP

SIGNATURE:

BLOOMIN' GOOD, INC.

HOMESTEAD FL		HOMESTEAD FL 33031			DO NOT WRITE IN THIS SPACE						
US	US						Date Incorporated or Qualifed 01/01/1985				
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number		$\neg$	App	lied For
21	• •	26				-	59-2476024			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1_	Out of Status Desired		\$8.	75 Ac	iditional	
22		27	5			5.	Certificate of Status Desired		Fe	e Req	uired
City & State	e .	City & State				6.	Election Campaign Financing		\$5	.00 N	fay Be
23		28					Trust Fund Contribution		Ad	lded to	Fees
Zip	Country	Zip	Coun	try		8.	This corporation owes the curr	rent year Inta	angible		
24	25	29 3	o				Personal Property Tax.		Yes	<u> </u>	<b>∡</b> No
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New I	Registered /	Agent		
	DAL DOS 0000			81	Name						
FUGINA, DOLORES				82	Street Addr	rass /P	O. Box Number is Not Accept	able)			
20905 SW 240 ST			, I	-	Oli CCI / Idai	1) 000	.O. DOX (Idinoci to Herricorpi				
НОМ	ESTEAD FL 33031		[	83							
			-	B4	O't.				85	Zip C	nda
	•			04	City			FL	83	Zip O	500
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auth	norized	by ti	named corpo he corporation	oration on's bo	n submits this statement for the pard of directors. I hereby acce	purpose of option	changir itment	ng its r as reg	egistered istered
SIGNATURE											
	Signature, typed or printed name of registered agent			gent	signature required		einstating) ADDITIONS/CHANGES TO OF	DATE EICEDS AN	םוח ח	ECTO	PS IN 12
12.	OFFICERS AND	DELETE	13.				ADDITIONS/CHANGES TO OF	FICERS AN	☐ Chi		Addition
TITLE	PVST	DELETE	1.1 TITLE							J50	
NAME	FUGINA, DOLORES		1.2 NAM								
STREET ADDRESS	**************************************		1.3 STF	1.3 STREET ADORESS							
CITY-ST-ZIP	HOMESTEAD FL		1.4 CIT		·ZIP				☐ Chi		Addition
TITLE		☐ DELETE	2.1 TITLE							ange	☐ Addition
NAME			2.2 NAME								
STREET ADDRESS	•		2.3 STREE		ADDRESS						
CITY-ST-ZIP			_	2.4 CITY-ST-ZIP		•					□ 4.450ccc
TITLE	☐ DELETE		3.1 TITLE					Ch	ange	☐ Addition	
NAME			3.2 NA	Æ							
STREET ADDRESS			3.3 STF	EET/	ADDRESS						
CITY-ST-ZIP			3.4. CfT	Y-ST	- ZiP						
TITLE	•	☐ DELETE	4.1 TITL	.E					Ch.	ange	Addition
NAME	,		4. 2 NA	ME			•				
STREET ADDRESS	•		4.3 STF	REET /	ADDRESS						
CITY-ST-ZIP	•		4.4 CIT	Y-\$T-	-ZIP						
TITLE		☐ DELETE	5.1 TITL	.E					Ch	ange	Addition
NAME (			5.2 NA	ΛE							
STREET ADDRESS	•		5.3 STF	EET/	ADDRESS						
CITY-ST-ZIP	,		5.4 CIT	Y-ST-	-ZIP						
TITLE		☐ DELETE	6.1 TITL	Æ	$\overline{}$				Ch	ange	Addition
NAME			6.2 NAM	Æ							
STREET ADDRESS			6.3 STF	EET#	ADORESS						
CHARLE MOUNTOS	i i i i i i i i i i i i i i i i i i i				ı						

FILED Apr 23, 1999 8:00 am Secretary of State

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Applied For	ĺ
Not Applicable	
\$8.75 Additional Fee Required	
\$5.00 May Be Added to Fees	
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☐ Yes 🔀 No	·
stered Agent	
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85 Zip Code	
FL	
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RS AND DIRECTORS IN 12	<u>8</u>
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her certify that the information de under oath; that I am an	-
that my name appears in	
5-248-0818	
Daytime Phone #	

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 furth 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 material officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP