Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90010 017 \*\*\*150.00

## 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 # M34277

1. Corporation Name

FOOD S	POT NO.58	INCORPORATED	)							
Principal Place of Business Mailing Address								B-MAIT INE EILET MININ 1984 JUNIT ISOT BE	Ast Oldii Etali Atali a	1011 01011 1601
7901 SW 67TH AVE SUITE 100 7901 SW 67TH AVE SUIT SOUTH MIAIM FL 33143 SOUTH MIAIM FL 33143								DO NOT WRITE IN T	HIS SPACE	
							3. Date Inc	corporated or Qualifed		
							06/26/	· ·		
2. Principa Place of Business			2a. Mailing Address				4. FEI Nun		Apr	lied For
21			26			59-269	99238	No	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 A	Iditional	
22			27			5. Certifo	te of Status Desired	Fee Re	cuired	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be				
			28			Trust Fund Contribution Added to Fees				
Zip		Country	Zip	Col	untry		8. This con	poration owes the current year		
24	25		29	30	·			l Property Tax.		1340
	9. Name and	Address of Current	Registered Agent		104		10. Name a	nd Address of New Register	red Agent	
WILI	NER, BRUCE				81	Name	. (0.0.0	N beste New Assessments		
7901 LUDLAM RD.					82	Street Ac	dress (P.O. Box )	Number is Not Acceptable)		
SUITE 100					83					
SOUTH MIAMI FL 33143									2   2   2   0	N. ala
					84	City		F	85 Zip C	ode
office cr r	egistered agent, m familiar with, a	or bo h, in the State o and accept the obligati	ons of, Section 607.0505, F	authorize Iorida Sta	a by tutes.	tne corpora	tion's board of Ci	this statement for the purposi rectors. I hereby accept the ap	oponunent as reg	r ∌gistered g stered
	Signature, typed or pri	inted na ne of registered agent		- <del></del>	d Agen	t signature requ	red when reinstating)	NS/CHANGES TO OFFICERS		E'S IN 12
12.		OFFICERS AND	DELETE	13.	ידו כ			NS/CHANGES TO OFFICE NO	Change	Addition
TITLE	D	NDV								
NAME	, , , , , , , , , , , , , , , , , , ,		1.2 NAM			ADDGECC				
STREET ADDRESS 7901 LUDLAM RD.		1.3 STREE			l l				1	
CITY-ST-ZIP	S.MIAMI FL.				1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
TITLE		EAVI			IAME					_
NAME				2.3 STREE		ADDDESS				
STREET ADDRE 3S	S. MAMI FL		4	2 4 CITY-ST-ZIP						
CITY-ST-ZIP	VP DELETE			31 TITLE				Change	Addition	
	1 ''	TOLLI	<u></u>		LAME				_	
NAME STREET ADDRE 3S	DECTION, EELIOT			3.3 STREET ADDRESS						
	G 48448 E1 40440			1	3.4. CITY-ST-ZIP					İ
CITY-ST-ZIP TITLE	J. WIAWI FL				4.1 TITLE				Change	Addition
NAME			8	4. 2 NAME						
STREET ADDRE 3S					ADDRESS				1	
STREET PROME S										
CITY OF 710				441	ITY-SI	r-ZIP				

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with the 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 suppliemental include 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 putrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13tir changed or on an attach healt with an address, with a lother like empowered.

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRE IS

STREET ADDRESS

CITY-ST-ZIP

BRUCK WILNER

(305) 666-064

Change

Addition