

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M79201 (3)

1. Corporation Name

FLORIDA CULINARY INSTITUTE, INC.

Principal Place of Business

250 AUSTRALIAN AVE., SO.
SUITE 502 --
WEST PALM BCH FL 33401
US

Mailing Address

250 AUSTRALIAN AVE., SO.
SUITE 502 --
WEST PALM BCH FL 33401
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0150427

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**

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Suite 1401

City & State

Suite, Apt. #, etc.

27 Suite 1401

City & State

23 Zip

Country

24

25

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ISAACS, GARY A E-~~
250 AUSTRALIAN AVE., SO.
~~SUITE 502 -~~
W PALM BCH FL 33401

81 Name

Gary A. Isaacs

82 Street Address (P.O. Box Number is Not Acceptable)

83

Suite 1401

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

Richard I. Gouse

(Signature, typed or printed name of registered agent and title if applicable)

(DATE, Registered Agent signature required when reappointing)

4-20-95

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD
GOUSE, RICHARD I.
TWO BAYBERRY LANE
BARRINGTON RI

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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:

Richard I. Gouse
Richard I. Gouse

4/21/95

401-739-5000

(Signature and typed or printed name of signing officer or director)

(Typed Name)