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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M79201

FLORIDA CULINARY INSTITUTE, INC.

(3)

FILED May 01 1998 8:00am Secretary of State

| Principal Place of Business SOA JUSTRALIAN AIVE. 50. SURE 1601 WEST PAUM BCH FL 33401 US 220 AUSTRALIAN AIVE. 50 SURE 1601 US 221 231 242 251 261 27 27 27 28 28 28 28 28 29 29 29 29 29 29 29 29 29 20 30 Country 29 29 29 30 30 Country 40 29 29 29 30 30 Country 40 29 29 29 30 30 Country 40 40 40 40 40 40 40 40 40 40 40 40 40 | | LOHIDA CULINARY INSTITUTE, | INC. | | | | | |
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| SUITE 1401 US | Princi | pal Place of Business | Mailing Address | | | (19414911 111 18415 1842 11511 55151 1751 5151 5 | A.1 A.611 21611 A.911 BIB11 1461 | |
| WEST PALM BOH FL 33401 WEST PALM BOH FL 33401 US | | | | O. | | | | |
| 2. Principal Place of Business 2. Making Address 2. Making Add | WEST PALM BCH FL 33401 WEST PALM BCH FL 33401 | | | | | DO NOT WRITE IN THE | S SPACE | |
| Application | | | | | | 3. Date Incorporated or Qualified | | |
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| Suito, Apt. #, etc | 2. Pri | ncipal Place of Business | 2a. Mailing Address | | | | Applied For | |
| City & State 27 | | | | | | 65-0150427 | Not Applicable | |
| City & State 23 | | ite, Apt. #, etc | — · · · · | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 28 | | v \$ Chale | | - | | | | |
| Zip Country 2 Interpretation owners or has paid the current year Intang Personal Property Tax due June 30. | | y a State | ├ ── ┐ ' | | | , | | |
| 28 | | Country | · · • • · · · · · · · · · · · · · · · · | Cour | itry | ··· | | |
| 19. Name and Address of Current Registered Agent SAACS, GARY A 250 AUSTRALIAN AVE., SO. SUITE 1401 28 28 28 28 28 28 28 2 | | <u> </u> | | 30 | - | | | |
| 250 AUSTRALIAN AVE., SO. SUITE 1401 W PALM BCH FL 33401 82 Street Address (P.O. Box Number is Not Acceptable) 83 44 City FL 85 Zip Cod 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its reagent ament aminier with, and accept the obligations of Josebne 607,0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE COUNTY OF Registered when are darked. 12. OFFICERS AND DIRECTORS IN THE COUNTY OF Registered when are darked. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE COUNTY OF Registered when are darked. 14. STREET ADDRESS CITY-ST-ZP INTE DELETE STREET ADDRESS | | | | T | | | d Agent | |
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| ### City ### | • | SUITE 1401 | | | | Addition (1.5). Box Hamber 15 Hot Moodhabley | | |
| 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 reagent and familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFTICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ITILE PD GOUSE, RICHARD I. TWO BAYBERRY LANE SIRECT ADDRESS CITY-ST-2P TITLE DELETE 1.2 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE DELETE 3.2 NAME STREET ADDRESS CITY-ST-2PP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-2PP TITLE DELETE 3.1 TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-2PP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-2PP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-2PP 3.3 STREET ADDRESS CITY-ST-2PP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-2PP TITLE DELETE 3.4 CITY-ST-2PP TITLE DELETE 3.5 T | | W PALM BCH FL 33401 | | - | B3 | | | |
| 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 reagent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed to prefet name or reported appeal and for it alignered to the purpose of changing its recommendation of the purpose of changing its recommendation of alignered to the statutes. Intel PD | | | | la la | 84 City | | 85 Zip Code | |
| 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 am familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE Signature, lysed or peried name of registered agent and too it alignification of the process of agent and too it alignification of the process of agent and too it alignification of the process of agent and too it alignification of the process of agent and too it alignification of the process of | • | | | | | | _ ` | |
| Signature, figured or premiet name to exposered appent and tice it assignation (MOTE Reported Agonet alignature required when redicting) DATE 12. OFFICERS AND DIRECTORS IN THE DELETE 11 TITLE | O) B) | flice or registered agent, or both, in the Sta gent. Fam familiar with, and accept the obl | ite of Florida. Such change was a | uthorized | by the corpora | poration supmits this statement for the purpose tion's board of directors. I hereby accept the appropriate the suppose the sup | or changing its registered opointment as registered | |
| TITLE | SIGNA | Signature, tysied or printed name of registered in | auent and tak it applicable (NOTE | Registered | Agent signature requi | red when reinstating) DATE | | |
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| 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 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 is 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 appear Block 12 or Block 13 if charged, in on an intestiment with an address. | 14, i i in of | nereby certify that the information supplied dicated on this annual report or supplementation or the corporation or the re- | with this filing does not qualify for htal annual report is true and accu- oceiver or trustee and wered to e | r (ne exer urate and execute th | nption stated in that my signatu is report as req | Section 119.07(3)(i), Florida Statutes. I further the shall have the same legal effect as if made united by Chapter 607, Florida Statutes; and that | certify that the information under oath; that I am an t my name appears in | |

Richard I Grouse

4121/98