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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12594

1. Corporation Name
THE SOUP KITCHEN, INC.

Principal Place of Business	Mailing Address
% W. LAWRENCE LARCHE 2255 GLADES RD.. SUITE 319-A BOCA RATON FL 33431-4313	% W. LAWRENCE LARCHE 2255 GLADES RD.. SUITE 319-A BOCA RATON FL 33431-4313

2. Principal Place of Business	2a. Mailing Address
21 8645 W. Boynton Beach Blvd	26 P.O. Box 741155
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State: 23 Boynton Beach, FL	City & State: 28 Boynton Beach, FL
Zip / Country: 24 / 25	Zip / Country: 29 33474-1155 / 30

3. Date Incorporated or Qualifed: 12/17/1985

4. FEI Number: 59-2628415 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LARCHE, W. LAWRENCE
ONE BOCA PLACE, STE 319A
2255 GLADES ROAD
BOCA RATON FL 33441

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOST, SALLY 2850 SE 5TH CIR, 24A BOYNTON BCH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LARCHE, KAY B. 4953 PALM RIDGE BLVD. DELRAY BEACH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Rutstein, Stan 12875 Coral Lakes Drive Boynton Beach, FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CABLE, RICK 1205 NW 13TH AVE. BOYNTON BCH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	640 East Ocean Avenue, #18	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUNCAN, WILLIAM 740 HORIZON W. BOYNTON BCH FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD Hastings, Bernard 5542 Mirror Lakes Boulevard Boynton Beach, FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HEIPLER, VERNE 606 NW 13TH STREET #28 BOCA RATON FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VD Cataldi, Al 13831-C Via Flora Delray Beach, FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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 617, 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.

SIGNATURE: SIGNATURE REQUIRED — April 8, 1999 — 561 736-8613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #