FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1998 8:00am

Secretary of State

aril-028-1861

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300001541 (0)

RECIPE ENTERPRISES INCORPORATED

| Principal Place of Business Mailing Address | | | | | - I DODICOĐAL ĐIỆU CHẬT ĐƯỢC ĐỘC ĐỘC ĐỘC ĐỘC ĐỘC ĐỘC ĐỘC ĐỘC ĐỘC ĐỘ | |
|---|---|--|----------------------|--|---|-------------------------------------|
| 1770 NORTH STE 500 | WEST 64TH ST. ALE FL 33309-1853 | 1770 NORTHWEST 64TH ST. STE. 500 FT LAUDERDALE FL 33309:1853 | | DO NOT WRITE II | IN THIS SPACE | |
| US | | US | | | 3. Date Incorporated or Qualified 01/08/1993 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | 65-0395294 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 27 | | | \$8.75 Additional Fee Required |
| City & State | | City & State | 28 | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country Zip Count | | ý | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No | | |
| 24 | 25 9. Name and Address of Curre | 29 ent Registered Agent | 30 | | Personal Property Tax due June 3 10. Name and Address of New Regi | |
| GINSBURG, STEVEN B1 1 | | | | | TO. TRAINS BLICK TRAINS | |
| | 70 NW 64TH STREET | | 0.5 | Stroot Add | ress (P.O. Box Number is Not Acceptable | ^/ |
| SUITE 500 | | | 82 Street Ad | | ress (P.O. Box Number is Not Acceptable | ³⁾ |
| FORT LAUDERDALE FL 33309 | | | 83 | | | |
| | | | 84 | City | | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Stati | utos, the abov | re-named corr | poration submits this statement for the pu | prose 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statules. | | | | | | |
| SIGNATURE | , | • | | | | |
| | Signature, typed or printed name of registered a | | | ent signature requi | ired when reinstating) | DATE |
| 12. | OFFICERS AF | ND DIRECTORS DELETE | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 12 Change |
| NAME | GINSBURG, CHARLES | | 1.2 NAME | | | C Change C Addition |
| STREET ADDRESS | 562 STONEMONT DR | | | T ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33326 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VP DELETE | | 2.1 TITLE | | | Change Addition |
| NAME | GINSBURG, ARTHUR | | 2.2 NAME | | | |
| STREET ADDRESS | 16700 WATER EDGE DR | | 2.3 STREET ADDRESS | | | İ |
| CITY-ST-ZIP | FT LAUDERDALE FL 33326 | | 2. 4 CITY - ST - ZIP | | | |
| TITLE | | | 3.1 TITLE | - 1 | | Change Addition |
| NAME | GINSBURG, STEVEN | | 3.2 NAME | } | | |
| Street address | \$91 0 N.W. 60TH AVE. P ARKLAND FL | | | I ADDRESS | | 324.9 |
| CITY+ST-ZIP TITLE | ראחתטאיט דג | DELETE | 3.4. CITY- | ST-ZIP | | Change Addition |
| NAME | | _ Mult | 4 2 NAME | | | L. Mange L. Modillon |
| STREET ADDRESS | | | | T ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - | 1 | | |
| TITLE | | ☐ DEL £ T E | 5.1 TITLE | | | Change Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREE | t address | |) |
| CITY-ST-ZIP | | | 5.4 CITY- | ST - ZIP | | |
| TITLE | | ☐ D£LET E | 6.1 TITLE | | | L. Change L. Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 1 | T ADDRESS | | |
| 14. I hereby o | certify that the information supplied | with this filing does not qualify | for the exemi | otion stated in | Section 119 07(3)(i) Florida Statutes 1 fr | urther certify that the information |
| 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 roceiver 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 arachment with an address. | | | | | | |