## 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#** P93000024174

1. Corporation Name

CODUIE KAVIS RESTAURANT INC

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90060 002 \*\*\*150.00

	NAT 3 RESTAURANT, INC.								<b>  </b>
Principal Plac	e of Business	Mailing Address				r redriggt tim (Binn filts edite natit antil ont	9 (191) BIEG!	11.01F (40)	i <b>4101 (401</b>
3516 SOUTH ATLANTIC AVE. DAYTONA BEACH FL 32127  3516 SOUTH ATLANTIC AVE. DAYTONA BEACH FL 32127						DO NOT WRITE IN TH	IS SPACE		•
						3. Date Incorporated or Qualifed			
	•					03/31/1993			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applie	ed For
21		26				59-3176081			pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	75 Add e Requ	
City & Stat	le	City & State	_			6. Election Campaign Financing	\$5.	.00 ма	ay Be
23		28				Trust Fund Contribution		ded to f	Fees
Zip	Country	Zip		untry		8. This corporation owes the current year		7	ÍNo
24	25	29	30	т		Personal Property Tax.  10. Name and Address of New Registere	☐ Yes		INO
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registere	u Agent		
PETE	ROS, THOMAS				-				
	S S. ATLANTIC AVE.			82	Street Add	iress (P.O. Box Number is Not Acceptable)			
	TONA BEACH FL 32118			83	_				
<i>D</i> /(1	TOTAL DESCRIPTION								
				84	City	F	85	Zip Cod	de
l office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are secured to the collection of the collections are secured to	of Florida. Such change was	authorized	d by th	named corporation	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changin ointment a	g its reg is regis	gistered tered
SIGNATURE			76 h			od when rejectation) DATE			<del></del> }
	Signature, typed or printed name of registered age			i Agent s	signature require	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	AND DIRE	CTORS	S IN 12
12.	OFFICERS AI	ent and title if applicable. (NOT ND DIRECTORS	13.		signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRE		S IN 12
12.	OFFICERS AF	ND DIRECTORS		πE	signature require	3)			
12. TITLE NAME	PDVP PETROS, SOPHIE KAY	ND DIRECTORS	13. 1.1 TI 1.2 N/	TLE AME		3)			
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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 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, with all other like empowered.

SIGNATURE: