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 # PO300030795

1. Corporation Name											
	SGT. PER	PPERS SUE	BS & SALADS,	INC.							
	.								\$ 100\$(100) 1/4 (01/00 10%) 401/4 00/4 00/4 60/4 60	i i imie i i imi i i iii	
Pr	Principal Place of Business				Mailing Address				- I INDIAL TO THE STREET THE STREET WHITE BOTH AND THE OWNERS AND		
The second secon					•						
	18683 \$ DIXIE HWY MIAMI FL 33157				MIAMI FL 33157				1 15 500		
									DO NOT WRITE IN TH	S SPACE	
									3. Date Incorporated or Qualifed		
									04/27/1993		
2.	2. Principal Place of Business			2a. N	2a. Mailing Address				4. FEI Number	<u> </u>	lied For
21	21			26					65-0405461	<u> </u>	Applicable
	Suite, Apt. #, etc.			s	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Red	
22	22			27					;		<u>' </u>
	City & State	1		c	city & State				6. Election Campaign Financing	\$5.00	, ,
23				28					Trust Fund Contribution	Added to	rees
	Zip Country			⊢ ^z	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax		
24		25		29		30			Personal Property Tax. 10. Name and Address of New Registere		ino
_		9. Name an	d Address of Curr	ent Register	red Agent		81	Name	10. Name and Address of New Registere	u Agent	
	DOO	LING THOM	NC W				01	Name	·		·
DOOLING, THOMAS W 18683 S DIXIE HWY							82	Street Add	iress (P.O. Box Number is Not Acceptable)		*
			7 T							4	N. (1941.154
1	MIAM	II FL 33157					83				
							84	City		85 Zip C	ode
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										<u>L</u>	
1	I. Pursuant t	o the provision	s of Sections 607.0	502 and 607	.1508, Florida S	tatutes, th	ne above rized by	e-named corporati	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	or changing its i ointment as reg	registered jistered
ì	agent. I an	egistereo agent n familiar with,	and accept the obli	gations of, S	ection 607.0505	, Florida	Statutes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
1	IGNATURE										
Ľ		Signature, typed or p	rinted name of registered a		<u>`-</u>			t signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DS IN 12
1:			OFFICERS A	AND DIREC	TORS DELET		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TII	TE.	D			LT SELEI		1.1 TITLE			موسین کی	
N.	ME	DOOLING,					1.2 NAME		• •		
ST	REET ADDRESS	9391 SW 13				- 1		FADDRESS		. 1	
CI	ry-st-zip	MIAMI FL 3	3176				1.4 CITY-S	T-ZIP		Change	Addition
TIT	LE	D			☐ DELET		2.1 TITLE			□ Gridinge	
N/	ME	KLEIN, WILI					2.2 NAME				:
ST	REET ADDRESS	9395 SW 13	BOTH ST				2.3 STREE	T ADDRESS			
CI	TY-ST-ZIP	MIAMI FL 3	3176				2.4 CITY-5	T-ZIP		C Change	Addition
TI	TLE ,	4			☐ DELËT	Έ	3.1 TITLE			Change	
N/	ME						3.2 NAME				
ST	REET ADDRESS						3.3 STREE	TADDRESS			1 1
CI	TY-ST-ZIP	·.					3.4. CITY-5	ST-ZIP			
Ti	rle .				☐ DELET	E	4.1 TITLE	İ		. Change	Addition
N/	WE .						4. 2 NAME		•	_	
SI	REET ADDRESS						4.3 STREE	T ADDRESS		•	
CI	TY-ST-ZIP						4.4 CITY-S	T-ZIP			
_	TLE .					_			· ·	☐ Change	
N	,				☐ DELET		5.1 TITLE	l			Addition
ı	AME :				☐ DELET		5.1 TITLE 5.2 NAME			_ ,	☐ Addition
S1	REET ADDRESS	l			☐ DELET		5.2 NAME	T ADORESS		_ ,	☐ Addition
1					☐ DELET		5.2 NAME			Change	☐ Addition

reby 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 ated 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 or 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.2 NAME

☐ DELETE

TITLE

·IAME

EET ADDRESS

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90031 006 ***150.00