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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000065170 (1)

FILED Mar 12 1998 8:00am Secretary of State

KITCHEN, ETC, INC. Principal Place of Business Mailing Address 7700 TRAIL BLVD 7700 TRAIL BLVD NAPLES FL 33963 NAPLES FL 33963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>09/15/1993</u> 2. Principal Place of Business 2s. Mailing Address 4 FFI Number Applied For Not Applicable 21 26 11-0702997 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 26 Zip Žio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WATERHOUSE, MARK J 7700 TRAIL BLVD Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33963 83 64 City Zip Code 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 registered office or registored 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 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CR2E034 (1097 DELETE Change Addition TITLE 11 TITLE NAME WATERHOUSE, MARK J 1.2 NAME STREET ADDRESS 7700 TRAIL BLVD 1.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 33963 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE TUDOR, MARY 2.2 NAME NAME 7700 TRAIL BLVD 2.3 STREET ADDRESS STREET ADDRESS NAPLE S CITY-ST-ZiP 2.4 CiTY-ST-ZiP DELETE Addition 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Addition 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 trustoe 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 all achieves.

SIGNATURE:

3-6-98 941 591-8393