

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90008 020 ***150.00

DOCUMENT # **P93000080640**

1. Corporation Name

LARAE RESTAURANT CORP.

Principal Place of Business

2106 COUVER DR.
SARASOTA FL 34231

Mailing Address

2106 COUVER DR.
SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1993

4. FEI Number

65-0449486

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAS, JOHN S
6518 GATEWAY AVE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name **Sas, John S**
82 Street Address (P.O. Box Number is Not Acceptable)
12500 Tamiami Trail
83
84 City **North Port** FL 85 Zip Code **34287**

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 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SAS, JOHN S	6518 GATEWAY AVE	SARASOTA FL 34231	<input type="checkbox"/>
D	SAS, LARAE M	6518 GATEWAY AVE	SARASOTA FL 34231	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

[Signature]

7-7-99 927-0013

CR2E034 (5/99)

7-7-99

To Whom It May Concern

Re: 1999 Profit Corp. Annual Report

This is our first year at our new business & for some reason we did not receive the 1st notice for payment due. I called the 488-9000 help line & she told me to mail in the \$150.00 & say a prayer. So... God Bless You. Thankyou for your consideration.

Sincerely

Lakae M. Jan

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FBI # 65-0449486