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 # **P94000010502**

GULFSHORE KITCHENS, INC.

Principal Place of Bu	siness
8951 BONITA BEACH F SUITE 660	RD

Mailing Address

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90141 030 ***150.00



8951 BONITA BEACH RD SUITE 660 BONITA SPRINGS FL 33923	P.O. BOX 2201 Bonita Springs FL 33959		DO NOT WRITE IN THIS S	SPACE	
SCHIN COMMON TO STATE			3. Date Incorporated or Qualifed 02/02/1994		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
· •	26		65-0472135	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 SUITC 245		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zip Cot 30	untry	This corporation owes the current year Intal Personal Property Tax.	ngible A Yes □ No	
9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered A	gent	
		81 Name			
OKLAPEK, ROBERT A 8951 BONITA BEACH RD		82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 245		83	•		
BONITA SPRINGS FL 34135		D4 Cit.		85 Zip Code	
		84 City	FL	B5 Zip Code	
11. Pursuant to the provisions of Sections 607,0502	and 607.1508, Florida Statutes, the a	bove-named	corporation submits this statement for the purpose of corporation's board of directors. I berefy accept the appoint	hanging its registered	

office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVTS	DELETE	1.1 TITLE	☐ Change ☐ Additi
NAME	OKLAPEK, ROBERT		1.2 NAME	
STREET ADDRESS	8651 BONITA BEACH RD #660		1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL		14 CITY-ST-ZIP	
TITLE] DELETE	2.1 TITLE	☐ Change ☐ Addit
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	31 TITLE	_ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE] DELETE	4.1 TITLE	Change Additi
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	•
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE .	5.1 TITLE	☐ Change ☐ Additi
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Additi
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY ST 710	, ,		6.4 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 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 withyan address, with all other like empowered.

SIGNATURE