FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:27

DOCUMENT # **P94000014127 (2)**

1. Corporate Name
FLORIDA TASTE CORPORATION

Principal Place of Business
3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133

Mailing Address
3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/21/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: **59-0697213** — Applied For / Not Applicable

State, Apt. # or — 22
State, Apt. # or — 27

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

24 — 25 — 29 — 30

8. Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAFONTISEE, LOUIS L JR
3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1007, Florida Statutes, the above named corporation submits the 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

12. OFFICER AND/OR DIRECTOR

P D
Harold Kendall, Jr.
P O BOX 157 N-A
Goulds, FL 33170

S/T/D
Elizabeth H. Kendall
P O BOX 157 N-A
Goulds, FL 33170

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, accurate, complete and current as required by Chapter 607, Florida Statutes. I further certify that I am authorized by the corporation to file this report or qualified to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: [signature] 2.3.95 305.258.3618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold Kendall

0136752 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 24 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001547967
-07/27/95--01075--019
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000014567 (9)

1. Corporate Name

ANN'S TAILORS OF CENTRAL FLORIDA, INC.

Principal Place of Business: 397 E. ALTAMONTE DR., #1400, ALTAMONTE SPRINGS FL 32701

Mailing Address: 397 E. ALTAMONTE DR., #1400, ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: 02/22/1994

3a. Date of Last Report:

2. Principal Place of Business (21) — 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)

City & State (23) — City & State (28)

Zip (24) Country (25) — Zip (29) Country (30)

4. FEI Number: 59-3231897 [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MAÑATAD, SANYARAK
397 E. ALTAMONTE DR., #1400
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PRESIDENT	1 TITLE	[ ] Change [ ] Addition
NAME	SANYARAK MANATAD	1 NAME	
STREET ADDRESS	522 E HILLCREST ST	1 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, Fl 32701	1 CITY-ST-ZIP	
TITLE	SEC - TREASURER	2 TITLE	[ ] Change [ ] Addition
NAME	SULMALEE MANATAD	2 NAME	
STREET ADDRESS	522 E HILLCREST ST	2 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, Fl 32701	2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	REMITTED BY MAY 1
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP	TS 7/24/95	6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sanyarak Manatad — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95 Date — (407) 331-8788 Daytime Phone

0035878 CP