May 06, 1999 8:00 am Secretary of State

05-06-1999 90116 045 ***150.00

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 # P94000014211

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

THE TUSCAN OVEN, INC.

Principal Place of Business Mailing Address							r samtiame tra smet minit mott		(1611 alaid (168)	14861 1181 1881	
808 S HOWARD		808 S HOWARD AVE TAMPA FL 33606									
บร บร						L	DO NOT WRITE IN THIS SPACE				
						1	3. Date Incorporated or Qualife	ed		Ì	
							02/17/1994				
Principal Pl	Principal Place of Business 2a. Mailing Address					- [4. FEI Number		- 	plied For	
21		26					00 0 102 102			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required				
City & State	e	City & State				-	6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Coul	ntry		-+	g. This corporation owes the c	rrent year In	tangible		
		25 29 30		•			Personal Property Tax.		Yes	□No	
24 25 29 29 9 Name and Address of Current Registered Ag			_1301	10. Name and Address of New Register					Agent		
g. Name and Address of Corrent Registered Agent					Name		19: //				
SZABO, STEPHEN J III				82	Street Ad	ddress	ddress (P.O. Box Number is Not Acceptable)				
201 N. FRANKLIN ST.											
SUIT			83						1		
TAMPA FL 33602				-	0				DE Zin /	Code	
			ļ	84	City			FL	85 Zip (Jode	
office or re agent. I as SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obligations are provided in the state of the state	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Stati	by ites	the corpor	атюп ѕ	s poard of directors. I hereby act	cept the appoi	intment as re	gistered	
		ND DIRECTORS	13.				ADDITIONS/CHANGES TO (DEFICERS AN	ND DIRECTO	RS IN 12	
TITLE	D DELETE 1.1 TO		1.F		H _				Addition		
	HOFFMAN, MATTHEW P		_ · · · · · · · · · · · · · · · · · · ·		2 NAME		Hale THOMAS	١ د		_ }	
NAME				Methale Thomas Change 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP Tampa, FL. 33647				i			
STREET ADDRESS					ADDRESS C			27/4	7	ļ	
C/TY-ST-ZIP			_	T-ZIP	10	empa, FL.	J 3001	[] Choose	Addition		
IπLE	☐ DELETE 2.1 TI		LΕ					Change	☐ Addigon		
NAME			2.2 NA	ME	Ì					ì	
STREET ADDRESS	2.3 S		REET	ADDRESS					ļ		
CITY-ST-ZIP				TY-S	T-ZIP						
TITLE	☐ DELETE 3.1 TI		3.1 TITLE					Change	Addition		
NAME			3.2 NA							l	
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP			4. CITY-ST-ZIP					[7] Ch	A⊿aaaa		
TITLE	☐ DELETE 4.1		4.1 TIT	TM.E					Change	Addition	
_NAME			4:2 N	WE-				-			
STREET ADDRESS			4.3 ST	REET	FADDRESS					}	
C/TY-ST-ZIP			4.4 CIT	Y-\$1	T-ZIP						
TITLE		☐ DELETE	5.1 TIT	ι£					☐ Change	☐ Addition	
NAME (5.2 NA	ME						ļ	
STREET ANORESS			5.3 \$T	REET	ADDRESS					_	

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 with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

DELETE

Change

☐ Addition

CR2E034 (11/98)