## 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

**FILED** Apr 22 1998 8:00am Secretary of State

Suite, Apt. #, etc.    Suite, Apt. #, etc.	CHEF PINO, INC.  Principal Place of Business  530 HIGHWAY 41 BYPASS S.  18A SUITE VENICE FL 34282				
Principal Place of Business Mailing Address  \$30 HiGHWAY 41 BYPASS \$. \$35 SOUTH CREEK COURT OSPREY FL 34229  **ENCE FL 34292 US  **DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 03/03/1994  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Mailing Address  4. FEI Number  3c. Q3/03/1994  2. Principal Place of Business  2c. Mailing Address  4. FEI Number  3c. Q3/03/1994  2. Principal Place of Business  2c. Mailing Address  4. FEI Number  3c. Q3/03/1994  2. Principal Place of Business  2c. Mailing Address  4. FEI Number  3c. Certificate of Status Desired  3c. Certi	Principal Place of Business  530 HIGHWAY 41 BYPASS S. 18A SUITE VENICE FL 34282				
### Address of Business ### Address of Current Registered Agent   CliftLIO, JOSPREY FL 34229   Street Address (P.O. Box Number is Not Acceptable)	530 HIGHWAY 41 BYPASS S. 18A SUITE VENICE FL 34292			1 48811881 415 EBIH 61811 84111 84111 88111 84181 118	 
### Address of Business ### Address of Current Registered Agent   CliftLIO, JOSPREY FL 34229   Street Address (P.O. Box Number is Not Acceptable)	530 HIGHWAY 41 BYPASS S. 18A SUITE VENICE FL 34292				
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18 SUITE   VENCE FL 34222   SUITE   VENCE FL 34222   SUITE	18A SUITE VENICE FL 34292	-			
3. Date incorporated or Qualified  03/03/1994  2. Principal Piace of Business 2. Applied For  2. Suite, Apt. #, etc. 3. City & State 3. City & State 4. Fill Number 5. Certificate of Status Desired	7.5			1	
2. Principal Piace of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 4. FEI Number 65-0475007  Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 3. City & State 3. Country 4. Fei Required 4. FEI Number 65-0475007  Suite, Apt. #, etc. 3. Certificate of Status Desired 4. Fei Required 5. Certificate of Status Desired 4. Fei Required 5. Certificate of Status Desired 6. Election Campaign Financing 5. Do May Be 6. Election Campaign Financing 6. Election Campaign Financing 6. Election Campaign Financing 7. This corporation owes or has paid the current very Dear Internation of New Registered Agent 7. Name 7. Name 8. This corporation owes or has paid the current very Dear Internation of New Registered Agent 8. This corporation owes or has paid the current very Dear Internation of New Registered Agent 8. This corporation owes or has paid the current very Dear Internation of New Registered 8. This corporation owes or has paid the current very Dear Internation of New Registered 8. This corporation owes or has paid the current very Dear Internation owes or has paid the current very Dear Internation owes or has paid the current very Dear I					SPACE
2. Principal Place of Business	US			1	•
26 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  B1  Name  S55 SOUTH CREEK COURT  OSPREY FL 34229  B4  City  FL  B5  Zip Code  T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statules.  Signature  Zignature, typed or pretied name of registered agent and steleff emplicable  [MOIT: Registered Agent signature required when reanstating).  DATE  12. OFFICERS AND DIRECTORS IN 12	2 Principal Place of Business	2a Mailing Address			Applied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	<del></del>	<u></u> ⊢¬			<del></del>
27 City & State 28 City & State 28 City & State 29 Country Country Cip Country Country Cip Country Country Cip Country Country Country Country Cip Country					<del>                                    </del>
City & State  28  City & State  28  City & State  28  Country  B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  CIRILLO, JOSEPH  355 SQUTH CREEK COURT  OSPREY FL 34229  B1  City  FL  B5  Cip Code  City  Ci	<del></del>	27		5. Certificate of Status Desired	
28				6. Election Campaign Financing	\$5.00 May Be
25 29 30 Personal Property Tax due June 30. 27 Yes No  9. Name and Address of Current Registered Agent  CIRILLO, JOSEPH 355 SOUTH CREEK COURT OSPREY FL 34229  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SignAture, typed or profiled name of fugistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 10 12	23	28		Trust Fund Contribution	
CIRLLO, JOSEPH 355 SOUTH CREEK COURT OSPREY FL 34229  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 Statules, the above-named corporation submits this statement for the purpose of changing its 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	` <b></b> _ `	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
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OSPREY FL 34229  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, a manufacture appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			OI Name		
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SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstalling)   DATE	11. Pursuant to the provisions of Sections 607.05	J2 and 607.1508, Florida Statutes, 1	the above-named corp		
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstalling)   DATE	office or registered agent, or both, in the State	of Florida, Such change was authorized Section 607 0505. Florida	orized by the corporat	ion's board of directors. I hereby accept the app	pointment as registered
Signature, typed or printed name of rugistered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		anons or, becarding our loads, indires	a Glatutes.		
		unt and title if applicable (NOTE: Rej	gistered Agent signature requir	ed when reinstaling) DATE	
			13.	ADDITIONS/CHANGES TO OFFICERS AN	
		☐ DELETE			☐ Change ☐ Addition
NAME CIRILLO, JOSEPH 12 NAME					
STREET ADDRESS 355 SOUTH CREEK COURT 1.3 STREET ADDRESS			l l		
CITY-ST-ZIP         OSPREY FL 34229         14 CITY-ST-ZIP           TITLE         DELETE         21 TITLE         Change         Addition		T DELETE			Change Addition
	1	Lad Detere		•	LI CHARGE LI AUGILION
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CITY-ST-ZIP 2.4 CITY-ST-ZIP				i*.	
OFF OF ER		DELETE			Change Addition
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		☐ DELET <b>e</b>	5.1 TITLE		Change Addition
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CITY-S1-ZIP 5.4 CITY-S1-ZIP	CITY-ST-ZIP TITLE NAME				
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	6.1 TITLE		Change Addition
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ DELETE	6.1 TITLE 6.2 NAME		Change Addition
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETÉ	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition

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 changod, or on an attachment with an address.

11. JOSEAN CIEIUS