## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1998 8:00am

Secretary of State

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000028342 (1)

INTERNATIONAL FRENCH CONCEPT, INC.

| Principal Place of Business   |   | Mailing Address                     |                        |  | ··· ••··· · · · · · · · · · · · · · · ·     |                         |
|---|---|-------------------------------------|------------------------|--|---|-------------------------|
| 525 DOTTEREL RD.  |   | 525 DOTTEREL RD.                    |                        |  |   |                         |
| SUITE #36C<br>DELRAY BEA  | CH FI 33444                                       | SUITE #36C<br>DELRAY BEACH FL 33444 |                        | DO NOT WRITE   | IN THIS SPACE                               |                         |
| Decimi denotific della  |   |                                     | V111                   |  | 3. Date Incorporated or Qualified           |                         |
|   |   |                                     |                        |  | 04/13/1994                                  |                         |
| 2. Principal P  | lace of Business                                  | 2a. Mailing Address                 |                        | 4. FEI Number  | Applied For                                 |                         |
| 21  |   | 26                                  |                        | 65-0486216   | Not Applicable                              |                         |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                 |                        | 5. Certificate of Status Desired                       | \$8.75 Additional                           |                         |
| 22  |   | City & State                        |                        |  | Fee Required                                |                         |
| City & State  |   | City & State                        |                        | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees                 |                         |
| Zip Country   |   | Zip Country                         |                        | This corporation owes or has pair                      |   |                         |
| 24 25   |   | 29                                  | 30                     |  | Personal Property Tax due June              |                         |
|   | 9, Name and Address of Curre                      |                                     |                        | <del></del> .  | 10. Name and Address of New Reg             |                         |
| AD  | HIRA, GERARD                                      |                                     | 8                      | Name   |   |                         |
|   | 5 DOTTEREL RD                                     |                                     | 8:                     | Street Ac  | ddress (P.O. Box Number is Not Acceptab     | le)                     |
|   | 6-C   |                                     | "                      | ) olicol Ac  | Suress (1.0. box Hamber is Not neceptar     |                         |
| ,   | LRAY BEACH FL 33444                               |                                     | 83                     |  |   |                         |
|   |   |                                     | 84                     | City   |   | FL 85 Zip Code          |
| 11 Pursuant   | to the provisions of Sections 607 05              | 02 and 607 1508 Ulorida Sta         | tutes the above        | e-named co   | ornoration submits this statement for the n |                         |
| 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. I have been considered 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. |   |                                     |                        |  |   |                         |
| *   | m lamiliar with, and accept the boilg             | lations of, Section 607.0505,       | FIORIOR Statute        | S.   |   | ;                       |
| SIGNATURE   | Signature, typed or printed name of registary Lag | encand tilo d'apple able. (f        | NOTE: Registered A     | ent signature re                                       | quired when reinstating)                    | DATE                    |
| 12.   | OF FICE HS AN                                     | ID DIRECTORS                        | 13.                    |  | ADDITIONS/CHANGES TO OFFIC                  | ERS AND DIRECTORS IN 12 |
| TITLE   | Р   | ☐ DECETE                            | 1.1 TITLE              |  |   | Change Addition         |
| NAME  | ADHIRA, GERARD                                    |                                     | 1.2 NAME               |  |   |                         |
| STREET ADDRESS 525 DOTTEREL RD., SUITE  |   | 16C                                 | 1.3 STREE              | T ADDRESS  |   |                         |
| CITY-ST-ZIP   | DELRAY BEACH FL 33444                             |                                     | 1.4 CiTY-              | ST-ZIP   |   |                         |
| TITLE   |   | L DELETE                            | DELETE 2.1 TITLE       |  |   | Change Addition         |
| NAME  |   |                                     | 2.2 NAME               |  |   |                         |
| STREET ADDRESS  |   |                                     | 2.3 STREE              | T ADDRESS  |   | i                       |
| CITY-ST-ZIP   |   | TI Sugar                            | 2. 4 CITY              | S1-ZIP   |   |                         |
| TITLE   |   | [_] DELETE                          | 3.1 TITLE              |  |   | Change Addition         |
| NAME  |   |                                     | 3.2 NAME               |  |   |                         |
| STREET ADDRESS  |   |                                     |                        | T ADDRESS  |   |                         |
| CITY-ST-ZIP   |   | DELETE                              | 3.4. CITY              | \$1-ZIP  |   | Change Addition         |
| TITLE   |   | נ ועבונוני                          | 4.1 TITLE              |  |   | C. CHANGE C. MOGITION   |
| NAME<br>OTOTET ADDOCCO  |   |                                     | 4. 2 NAMI              |  |   |                         |
| STREET ADDRESS  |   |                                     |                        | I ADDRESS  |   |                         |
| CITY-ST-ZIP<br>TITLE  |   | DELETE                              | 4.4 CITY-<br>5.1 TITLE | S1-ZIP   |   | Change Addition         |
| ]   |   |                                     | 5.7 TITLE<br>5.2 NAME  |  |   | C Oles An C Maniph      |
| NAME<br>CTREET ADDOCCE  |   |                                     |                        | T ADDRESS  |   |                         |
| STREET ADDRESS  |   |                                     |                        | ľ  |   |                         |
| CITY-ST-ZIP<br>TITLE  |   | DELETE                              | 5.4 City-              | 31.41  |   | Change Addition         |
| NAME  |   | had beent                           | 6.2 NAME               |  |   | — 4.vo8c                |
| STREET ADDRESS  |   |                                     |                        | 1 ADDRESS  |   |                         |
| OTTU OF THE   |   |                                     | 0.5 51000              | ALDIE SS   | •   |                         |

14. Thereby 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 suppliemental 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 of director of the corporation of the receiver of instee 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 attaching month an address.