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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045500 (3)

TAKEOUT OF BREVARD, INC.

Suite, Apt. #, etc. 22 27 27 28 City & State City & State City & State Country Country Country Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee	Principal Place	e of Business	Mailing Address	Mailing Address				t idtitett bis idtit antit Matt Matt mitte anter ditter Arter etter aner aner ban.			
S. Dute incorporated or Qualified Sale. Date of Last Report Col./17/1994 C6,0/1/1998 2. Findings Place of Business 2a. Mailing Address 4. FEII harder 59-0254721 Applied for No. 1/1/1994 Applied for No. 1/1994	SUITE I										
2. Fill requal Placin of Business 2. Fill requal Placin of Business 2. So was a fill report 3. So was April 18 to the Companies of Books and So was a fill report 3. So was April 18 to the Companies of So was a fill report 3. So was April 18 to the Companies of So was a fill report 3. So was April 18 to the Companies of So was a fill report 3. Name and address of Status and address of Was and address of Was Regulators and Address of New Regulators and New											
Section Flace of Business 28. Multing Address 28. Finishing Address 28. South, Apt #, etc. 29. South, Apt #,	COCOA BEACH	FL 32932	COCON BEACH FL 32801-25	COCOA BEACH FL 32931-3242			9. Data Incorporated at Qualifier	1 25	Data of Last D	oport	
Suite, April # circ										eport	
Solido, Apil #, cho Solido	2. Principal P	lace of Business	2a. Mailing Address						Ap	plied For	
City & State St	21						59-3254721				
Country Zep Country Zep Country Zep Country Zep Sep Sep Sep Country Sep Added to Pees Added to Pees Added to Pees Zep Sep Se	· · ·						5. Certificate of Status Desired		7		
True Fund Contribution		c					6. Election Campaign Financing	.,	\$5.00	May Be	
Substitution Subs	23		28		_						
9. Name and Address of Current Registered Agent LEBO, DOUGLAS 1485 NORTH ATLANTIC AVE. COCOA BEACH FL 32932 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 86 87 88 Street Address (P.O. Box Number is Not Acceptable) 89 11. Fursionit to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent is not not have with and except the onlingations of Section 900.0505, Florida Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registered office or registered dispersed agent registered by the corporation's board of directors. I hereby accept the appointment as registered office or registered dispersed agent registered agent registered registered agent registered		Country Zip		·			8. This corporation has liability for			199.032,	
LEBO, DOUGLAS 1485 NORTH ATLANTIC AVE. COCOA BEACH FL 32832 88 Sireet Address (P.O. Box Number is Not Acceptable) 89 Sireet Address (P.O. Box Number is Not Acceptable) 80 City FL 85 Zip Code 81. Fursuant to the provisions of Snotions 807 0502 and 607 1508, Florida Statutes, the about a component of the provisions of Snotions 807 0502 and 607 1508, Florida Statutes, the about and component is registered again. or both, in the State of Tolida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered did not only accept the appointment as registered again. An accept the compositions of Socions 807 0505, Florida Statutes, the about a component as a registered again and the flaghest and the flaghest and the flaghest again	24			30							
1485 NORTH ATLANTIC AVE. COCOA BEACH FL 32932 15. Fursionit to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent to both in the Shale of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent to both in the Shale of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent to both in the Shale of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office in the purpose of changing its registered office or registered agent registered or registered agent registered or registered agent registered or registered agent registered agent registered or registered agent registered			rrent Registered Agent				10. Name and Address of New I	legistere	d Agent		
### COCOA BEACH FL \$2832 ### City				8	'	Name					
83 84 City FL 85 Zip Code				82 Street Address (P.O. Box Number is No			ress (P.O. Box Number is Not Accept	able)			
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 outpellations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IIII. III. D. D. DELETE 1.1 TITLE LEBO, DOUGLAS 1485 N. ATLANTIC AVE., SUITE I COCOA BEACH FL 32932 1.6 (IN' ST-2P) III. D. D. DELETE 2.3 TITLE 2.3 TITLE 2.3 TITLE DELETE 3.3 SIRRET ADDRESS CHY ST-2P III. D. DELETE 3.3 TITLE 3.3 SIRRET ADDRESS CHY ST-2P III. D. DELETE 3.3 TITLE 3.3 SIRRET ADDRESS CHY ST-2P III. DELETE 3.3 SIRRET ADDRESS 3.4 CHY-ST-2P III. DELETE 3.3 SIRRET ADDRESS 5.5	000	ON DENOTTE SESSE		8	3						
11. First and to the provisions of Sections 607 0502 and 607 1508. Piorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agreet. Family family and accept the appointment as registered agreet. Family family and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12.				8	4	City			85 Zip (Code	
office or registered agent, or both, in the State of Princia, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent an immunity with, and accept the displacations of, Section 607,0505, Princia Statutes. SIGNATURE SIGNA					L	<u></u>					
SIGNATURE SIGNATURE 12: OFFICERS AND DIRECTORS 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEBO, DOUGLAS 1485 N. ATLANTIC AVE., SUTTE I COCOA BEACH FL 32932 10: STREET ADDRESS CITY ST-2P THE STREET ADDRESS CITY ST-2P COCOA BEACH FL 32932 DELETE 31 TITLE 21 TITLE 22 ANME 32 ANME 33 STREET ADDRESS CITY ST-2P THE STREET ADDRESS CITY ST-2P DELETE 31 TITLE 31 TITLE 32 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition AND COCOA BEACH FL 32932 LEBO, SHERRON 12 ANME 33 STREET ADDRESS CITY ST-2P THE ADDRESS CITY ST-2P DELETE 31 TITLE 31 TITLE CHange Addition ADDRESS CITY ST-2P THE ADDRESS CITY ST-2P DELETE 31 TITLE CHANGE ADDRESS CITY ST-2P THE CHANGE ADDRESS CITY ST-2P THE CHANGE ADDRESS CITY ST-2P THE CHANGE ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRE	office or r	edistered agent, or both, in the S	itate of Florida. Such change was a	uthorized t	DV	the corpora	poration submits this statement for the ation's board of directors. I hereby acc	ept the ar	or changing it ppointment as	s registerea registered	
Supering peach or printed range of legistered agrier and that all applications Children Child	agent ‡a	mi familiar with, and accept the o	bligations of, Section 607.0505, Flo	rida Statute	8S.	1			-		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE LEBO, DOUGLAS SIRET ADDRESS 1485 N. ATLANTIC AVE., SUITE I COCOA BEACH FL 32832 1461 N. A	SIGNATURE.	Plantan to due winded arrange of a sister	d agest and the if applicable (NOTE	Decistered A		d pignature and	ired upon reinstating)	DATE			
THE LEBO, DOUGLAS LEBO, DOUGLAS LAST NATURE AND ACTION AVE., SUITE I COCOA BEACH FL 32832 INCITED AND ACTION AVE., SUITE	12				gen	K signature requ				IS IN 12	
NAME SIRET ADDRESS 1485 N. ATLANTIC AVE., SUITE I COCOA BEACH FL 32932 1. CITY ST-2P D LEBO, SHERRON LEBO, SHERR	h						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100.7071			
STREET ADDRESS OFF-ST-ZP O		-									
COCOA BEACH FL 32932 1.4 City-St-ZiP DELETE 2.1 TITLE 2.1 TITLE Addition NAME LEBO, SHERRON 2.2 NAME 1485 N. ATLANTIC AVE., SUTE I COCOA BEACH FL 32932 2.4 City-St-ZiP TITLE 3.1 TITLE 2.3 STREET ADDRESS CITY-S1-ZiP LEBO, SHERRON 1.485 N. ATLANTIC AVE., SUTE I COCOA BEACH FL 32932 2.4 City-St-ZiP LITLE 3.1 TITLE 3.3 TITLE 3.4 City-St-ZiP LITLE 4.1 TITLE 5.4 Change Addition NAME 3.3 STREET ADDRESS CITY-S1-ZiP LITLE 5.1 TITLE 5.1 TITLE 5.1 Change Addition NAME 4.2 NAME STREET ADDRESS CITY-S1-ZiP LITLE 5.1 TITLE 5.1 Change Addition SPECIAL ADDRESS CITY-S1-ZiP LITLE 5.1 TITLE 5.1 Change Addition SPECIAL ADDRESS CITY-S1-ZiP LITLE 5.1 TITLE 5.1 Change Addition SPECIAL ADDRESS CITY-S1-ZiP LITLE 5.1 TITLE 5.1 Change Addition SPECIAL ADDRESS CITY-S1-ZiP LITLE 5.1 TITLE 5.1 Change Addition SPECIAL ADDRESS CITY-S1-ZiP LITLE 5.1 TITLE 5.1 Change Addition SPECIAL ADDRESS CITY-S1-ZiP LITLE 5.1 TITLE 5.1 Change Addition SPECIAL ADDRESS CITY-S1-ZiP LITLE 5.1 TITLE 5.1 Change Addition SPECIAL ADDRESS CITY-S1-ZiP LITLE 5.1 TITLE 5.1 Change Addition SPECIAL ADDRESS CITY-S1-ZiP LITLE 5.1 TITLE 5.1 Change Addition LITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 Change Addition LITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 Change Addition LITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 Change Addition LITLE 5.1 TITLE			JATE I			AULUDEGG					
DELETE 2.1 TITLE	}			1		1					
LEBO, SHERRON 1485 N. ATLANTIC AVE., SUITE 23 STREET ADDRESS			DELETE			- 4117			Change	Addition	
STREET ADDRESS CHY-SI-ZP THE COCOA BEACH PL 32832 DELETE 31 THE 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS CHY-SI-ZP THE DELETE 41 THE ADDRESS CHY-SI-ZP THE DELETE 51 THE DELETE 51 THE Change Addition NAME 51 STREET ADDRESS CHY-SI-ZP THE DELETE 51 THE 52 NAME 53 STREET ADDRESS CHY-SI-ZP THE DELETE 51 THE 52 NAME 53 STREET ADDRESS CHY-SI-ZP THE DELETE 51 THE 52 NAME 53 STREET ADDRESS CHY-SI-ZP THE DELETE 51 THE 52 NAME 53 STREET ADDRESS CHY-SI-ZP THE DELETE 51 THE 52 NAME 53 STREET ADDRESS CHY-SI-ZP THE DELETE 51 THE 52 NAME 53 STREET ADDRESS CHY-SI-ZP THE DELETE 51 THE 52 NAME 53 STREET ADDRESS CHY-SI-ZP THE DELETE 51 THE 52 NAME 53 STREET ADDRESS CHY-SI-ZP THE DELETE 51 THE DELE		**	, seem								
CHY-ST-ZIP TITLE DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CHY-ST-ZIP DELETE 41 TITLE Change Addition Additio			NTE I			A NOBECC					
THE DELETE 31 TITLE Change Addition AMF STREET ADDRESS CRY - S1 - 2P THE DELETE 41 TITLE Change Addition Addition Addition MAME STREET ADDRESS CRY - S1 - 2P THE DELETE 4.1 TITLE Change Addition ADELETE 5.1 TITLE Change Addition DELETE 5.1 TITLE NAME STREET ADDRESS CRY - S1 - 2P THE DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition Addi	1			1		j			*,		
STREET ADDRESS STRE		COCON DEPONITE GEOGE	DELETE			1-21			Change	Addition	
STREET ADDRESS CHY. S1-7P DELETE 4.1 TITLE ADDRESS CHY-S1-7P DELETE 4.1 TITLE ADDRESS CHY-S1-7P DELETE 4.1 TITLE ADDRESS CHY-S1-7P DELETE 5.1 TITLE Change Addition Addition NAME SHEET ADDRESS CHY-S1-7P DELETE 5.1 TITLE Change Addition Addition NAME SHEET ADDRESS CHY-S1-7P DELETE 5.1 TITLE Change Addition			hand Directo							rading.	
Addition AME DELETE 4.1 TITLE Addition AME STREET ADDRESS CITY: ST-ZIP DELETE 5.1 TITLE Addition AMM ACTIV: ST-ZIP DELETE 5.1 TITLE Change Addition Addition AMM STREET ADDRESS CITY: ST-ZIP THE DELETE 5.4 CITY: ST-ZIP THE DELETE 6.3 STREET ADDRESS C-TY: ST-ZIP 1.4 Tido hereby 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 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 Labe and finese of director of this conversion of this conversion on the receiver of trustee employee and served the firence of the Conversion of the receiver of trustee employee and served the present as required by Chapter 607. Eloydes Services and that my pages.						nnarce					
DELETE 4.1 TITLE				•							
NAME STREET ADDRESS CITY-ST-ZIP THEE DELETE			DELETE			-218			Channe	Addition	
STREET ADDRESS CITY-ST-ZIP THE DELETE 5.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP THE DELETE 5.1 TITLE Change Addition Change Addition Change Addition Addition Change Addition NAME STREET ADDRESS C-TY-ST-ZIP 14. I do hereby 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 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 are an officer or diversion of the congration or the receiver of the same legal effect as if made under oath; that	ţ .									71001001	
CHY-SI-ZIP HITE DELETE 5.1 TITLE S2 NAME 52 NAME 53 STREET ADDRESS CHY-SI-ZIP THE DELETE 6.1 TITLE Change Addition Addition Change Addition Addition Change Addition Addition Change Addition THE STREET ADDRESS CHY-SI-ZIP 14. I do hereby 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 indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Legal and office or diversion of the corporation of the receiver of the same legal effect as if made under oath; that						ADOBECC					
DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY: ST-ZIP THEE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY: ST-ZIP THEE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS C-TY: ST-ZIP 14. I do hereby 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 indicated on this annual report or supplemental annual report is use and accounted and that my signature shall have the same legal effect as if made under oath; that the information indicated on this annual report or the receiver of the corporation of the receiver or threstore of the corporation of the receiver or threstore of the corporation of the receiver of the same legal effect as if made under oath; that											
STREET ADDRESS CITY_ST-ZIP THE DELETE 61 TITLE Change Addition NAME STREET ADDRESS CITY_ST-ZIP 1. I do hereby 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 indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are an office or division of the congration or the receiver of this congration or the receiver of the same legal effect as if made under oath; that I are an office or division of the congration or the receiver of the same legal effect as if made under oath; that			DELETE			ZIP			Change	Addition	
STREET ADDRESS CITY_ST-ZIP THEE DELETE 61 TITLE Change Addition NAME STREET ADDRESS CITY_ST-ZIP 14. I do hereby 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 indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are an effect or divestor of the corporation or the receiver or trustee emproyered to execute this report as equired by Capater 6/7. Florida Statutes and that my signature shall have the same legal effect as if made under oath; that	1		C Marie			1		•	E Charigo	LJ Abbition	
CHY-SI-ZIP THEE DELETE 6.1 TITLE Change Addition Addition Fig. 1. Addition CHY-SI-ZIP 14. I do hereby 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 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 Large and officer or director of the corporation or the receiver of the complete of the same legal effect as if made under oath; that Large or director of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of						4.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D					
THEE DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS C-TY-ST-ZIP 14. I do hereby 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 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 Large and other conditions on the receiver of this condition indicated on the property of the property				1			, -				
NAME STREET ADDRESS C-TY-SI-ZIP 14. I do hereby 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 indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are a officer or division of the congration or the receiver of this congration or the receiver of this congration.			Delete		$\overline{}$	- 214			Change	Addition	
6.3 STREET ADDRESS CHY-SI-ZIP 6.4 CHY-SI-ZIP 6.4 CHY-SI-ZIP 6.4 CHY-SI-ZIP 14. If do hereby 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 indicated on this annual report or supplemental and report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are notified by Chapter 6/17. Florida Statutes and that my game.	Į.								L Change	Limi Madillon	
CITY-SI-ZIP 14. I do hereby 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 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 have not described by Comparison of the congration of the congration.											
14. I do hereby 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 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 have an officer or director of the congration of the recognition of the congration of the recognition of th	į –					1					
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		by could that the information of	plied with this filing does not available				od in Section 118 07/3Vi) Elocide State	toe I fines	har cartify that	the	
Larger of theory of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name	informatic	in Indicated on this annual report	or supplemental annual report is tr	ue and acc	CU!	rate and tha	at my signature shall have the same le	gal effect	as if made un	der oath; that	
	Lam an o annears i	micer or director of the corporation Block 12 or Block 13 if what one	in or the receiver or trustee empowe d, or on an attachment with an add	ered to exe fress.	9CU	ite this repo	ort as required by Chapter 607, Florida	i Statutes;	; and that my r	name	