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

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90063 003 ***150.00

DOCUMENT # **P94000045500**

1. Corporation Name
TAKEOUT OF BREVARD, INC.

Principal Place of Business	Mailing Address
1485 N. ATLANTIC AVE. SUITE I COCOA BEACH FL 32932	1485 N. ATLANTIC AVE. SUITE I COCOA BEACH FL 32932

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/17/1994

2. Principal Place of Business	2a. Mailing Address
21 7025 N. WICKHAM RD	26 7025 N. WICKHAM RD.
Suite, Apt. #, etc. 22 SUITE #110	Suite, Apt. #, etc. 27 SUITE #110
City & State 23 MELBOURNE, FL	City & State 28 MELBOURNE, FL
Zip / Country 24 32940 25	Zip / Country 29 32940 30

4. FEI Number: 59-3254721 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEBO, DOUGLAS
1485 NORTH ATLANTIC AVE.
COCOA BEACH FL 32932

10. Name and Address of New Registered Agent

81 Name: LEBO, DOUGLAS
82 Street Address (P.O. Box Number is Not Acceptable): 7025 N. WICKHAM RD
83
84 City: MELBOURNE FL 85 Zip Code: 32940

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: D. E. L. DOUGLAS E. LEBO — 4/30/99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEBO, DOUGLAS		1.2 NAME	
STREET ADDRESS	1485 N. ATLANTIC AVE., SUITE I		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32932		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEBO, SHERRON		2.2 NAME	
STREET ADDRESS	1485 N. ATLANTIC AVE., SUITE I		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32932		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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.

SIGNATURE: D. E. L. DOUGLAS E. LEBO — 4/30/99 Date — (407) 255-7744 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR