## 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

DOCUMENT #

TITLE

NAME

STREET ADDRESS

P94000046633 (1)

CULINARY ART, INC.

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Principal Place of Business Mailing Address											1	E ANDRADDI AEU FOLLI DIDIR DOLLI DOLLI B	DIAN GUANI BIU	U BANAU UNION	11100 1111 1001
5071 MONTEREY LANE DELRAY BEACH FL 33484					5071 MONTEREY LANE DELRAY BEACH FL 33484							DO NOT WRIT	F IN THIS	SPACE	
											3	Date Incorporated or Qualified	L II II III S	JI AUL	
											٠.	06/22/1994			
2. Principal Place of Business					2a. Mailing Address						4.	FEI Number		<del>-</del>	Applied For
21				26								65-0499768			Not Applicable
╒	Suite, Apt. #, etc.				Suite, Apt. #, etc.										Additional
22					27						5.	Certificate of Status Desired			Required
	City & State			<del></del>	City & State						6.	Election Campaign Financing	-	\$5.00	0 May Be
23	_			28	28						••	Trust Fund Contribution			d to Fees
	Zip		Country		Zφ		C	ountry	ý		8.	This corporation owes or has p	aid the cui	rent year Ir	ntangible
24			25	29			30					Personal Property Tax due Juni	э 30. 🛛	Yes	□ No
Name and Address of Current Registered Agent						ent		10. Name and Address of New Regis					egistered	Agent	
	LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED							81	N	ame					i
343 ALMERIA AVENUE									SI	reet Addres	ss (P	O. Box Number is Not Accepta	ble)		
CORAL GABLES FL 33134									_			· · · · · · · · · · · · · · · · · · ·			
							84	С	ity		<del></del>		<b>85</b> Zip	o Code	
66 Duranged to the provisions of Parties COZ OCOD and COZ 44 OF Fig. 1. O. 1.									<u> </u>	<del></del>			<u> </u>	بللب	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its re- 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 regi agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													its registered is registered		
SIGNATURE Signature, typed or printed harde of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE															
12		Signature, typed	OFFICERS A			· (NO:	E Registe		ent sig	gnature required		reinstating) ADDITIONS/CHANGES TO OFFI	DA1É	DIDECTO	NDO 111 40
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STR	REET ADDRESS						4.3	STREET	ADDF	RESS					]
	Y-ST-ZIP					_	_	CITY-S	1 - ZIP						
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NAN	AE						5.2	NAME							
STR	EET ADDRESS						5.3	STREET	ADDF	IESS					
CIT	Y-ST-ZIP						5.4	CITY-S	1.7P	.					

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP

DELETE

Addition

Change

**FILED** 

Apr 29 1998 8:00am

Secretary of State