## 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** Mar 30 1998 8:00am Secretary of State

1. Corporation	MEN F P94001 I FLORIDA KITCHENS, INC.	UU04228 (7)			
Principal Place	e of Business	Mailing Address			T 1003/1004 ( no editi Arbei gante date maiel mater artei green eine eine eine eine
2001 AUSTRA	ALIAN AVENUE	2001 AUSTRALIAN AVENUE			
SUITE 6		SUITE 6			
RIVIERA BEACH FL 33404		RIVIERA BEACH FL 33404			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified 08/29/1994
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			<b>65-0517550</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Regulred
22		27   City & State			
City & State		28			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>23</b> Zip	Country	Zip	Countr	v	This corporation owes or has paid the current year Intangible
24	25	— ·         ⊢	30	,	Personal Property Tax due June 30.  Yes No
	g. Name and Address of Curren		-		10. Name and Address of New Registered Agent
JO	RDAN, EMORY C III		81	Name	
415 SECOND AVENUE NORTH			82	Stroot	t Address (P.O. Box Number is Not Acceptable)
	KE WORTH FL 33460		02	JUGGI /	r Address (r.O. Box Number is Not Acceptable)
			83		
			84	City	85 Zip Code
			04	City	FL  85   Zip Code
agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	2 and 607, 1508, Florida Statutes of Florida. Such change was au ations of, Section 607,0505, Flor	s, the abov uthorized b rida Statute	re-named by the corp is.	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Ac	ent signature	re required when reinstating) DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, GARY R		1.2 NAME		
STREET ADDRESS	301 SEQUOIA DR		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-	ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE		Change Addition
NAME	MURPHY, SANDRA E		2.2 NAME		
STREET ADDRESS	301 SEQUOIA DR		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY-	ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE		Change Addition
NAME	MURPHY, DANIEL R		3.2 NAME		
STREET ADDRESS	301 SEQUOIA DR		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	1 ADORESS	
CITY-ST-ZIP	<u></u>	- Inches	4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		DELETE	6.1 TITLE		Change  Addition
NAME	- <del></del>		6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
CITY-ST-ZIP		<del>-</del>	6.4 CITY-		
<ol> <li>14. I hereby of indicated</li> </ol>	certify that the information supplied wo on this annual report or supplements	ith this filing does not qualify for al annual report is true and accu	r the exemp irate and th	ption state hat my sig	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath, that I am an

PRES.