


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90057 037 ***150.00

0032378

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000064228

1. Corporation Name
SOUTH FLORIDA KITCHENS, INC.

Principal Place of Business
2001 AUSTRALIAN AVENUE
SUITE 6
RIVIERA BEACH FL 33404
US

Mailing Address
2001 AUSTRALIAN AVENUE
SUITE 6
RIVIERA BEACH FL 33404
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1994

4. FEI Number
65-0517558

Applied For
Not Applicable

5. Certificate 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

2. Principal Place of Business

21 1732 S. Congress

Suite, Apt. #, etc.
22 #162 Ave

City & State
23 Palm Springs, FL

Zip Country
24 33461 25 US

2a. Mailing Address

26 1732 S. Congress

Suite, Apt. #, etc.
27 #162 Ave

City & State
28 Palm Springs, FL

Zip Country
29 33461 30 US

9. Name and Address of Current Registered Agent

JORDAN, EMORY C III
415 SECOND AVENUE NORTH
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MURPHY, GARY R	
STREET ADDRESS	301 SEQUOIA DR	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MURPHY, SANDRA E	
STREET ADDRESS	301 SEQUOIA DR	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	MURPHY, DANIEL R	
STREET ADDRESS	301 SEQUOIA DR	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1732 S. Congress Ave #162
1.4 CITY-ST-ZIP	Palm Springs, FL 33461

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1732 S. Congress Ave #162
2.4 CITY-ST-ZIP	Palm Springs, FL 33461

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1732 S. Congress Ave #162
3.4 CITY-ST-ZIP	Palm Springs, FL 33461

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)