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

Mailing Address

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000077731**1. Corporation Name

Principal Place of Business

STREET ADDRESS

SANDRA'S TASTE OF TAMPA, INC.

US	4	TAMPA FL 33618			DO NOT WRITE I	N THIS SDACE
						N INIS SPACE
• .		7.6			3. Date Incorporated or Qualifed	
		·			10/20/1994	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3276084	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		5	Trust Fund Contribution	Added to Fees
Zip	Country.	Zip	Country		8. This corporation owes the current	year Intangible
	. 25	29	, ·		Personal Property Tax.	☐Yes ☐No
24	9. Name and Address of Current		<u>'</u>		10. Name and Address of New Regi	stered Agent
	a. Italia and Addidas of Odistri		81	Name		
LAR	ARBERA, MICHAEL D	No. of the state o				
LABARBARA CAMPBELL & LETO		82 Street Add		idress (P.O. Box Number is Not Acceptable)		
,	W KENNEDY BLVD	•	83		1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75 VALL TO PER 1808 (1807 180 180)
			63			
· IAM	PA FL 33606		84	City		85 Zip Code
•			1 1	•	·	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-r	named corpo	oration submits this statement for the pur n's board of directors. I hereby accept th	pose of changing its registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auth ions of Section 607 0505. Florida	iorized by the a Statutes.	e corporation	n's board of directors. Thereby accept in	e appointment as registered
	, and accept the congar	10,10 01, 0000011 001101011			•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent si	ignature required	when reinstating) 1/2/2/2	DATE
12.	OFFICERS AND	4	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	ì		☐ Change ☐ Addition
NAME	, , ,		*** ****		164.57.704.23	☐ Charige ☐ Addition
	CONTALET VIETTE	,	1.2 NAME		sesen in the second	Change — Addition
	GONZALEZ, YVETTE		1.2 NAME	DDRESS	serb) (brida	[] Change [] Addition
STREET ADDRESS	8603 BOYSENBERRY		1.2 NAME 1.3 STREET AL		1440) (1440) 1440) - 1440)	Charge
STREET ADDRESS CITY-ST-ZIP	8603 BOYSENBERRY TAMPA FL 33635		1.2 NAME 1.3 STREET AL 1.4 CITY-ST-Z		16.00 (Br.04	☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP	8603 BOYSENBERRY TAMPA FL 33635 STD GARCIGA, SANDRA		1.2 NAME 1.3 STREET AI 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME	ZIP	**************************************	
STREET ADDRESS CITY-ST-ZIP TITLE	8603 BOYSENBERRY TAMPA FL 33635 STD GARCIGA, SANDRA 14315 BRENTWOOD DRIVE		1.2 NAME 1.3 STREET AL 1.4 CITY-ST-Z 2.1 TITLE	ZIP	**************************************	
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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.

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90002 009 ***150.00