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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000079864

KITCHEN	FTEK SOUTH, INC.								
Principal Place	of Rusiness	Mailing Address					1111 60 111 60 111		BIFII BEBE 1881
-						·			
4750 N. DIXIE HWY. 4750 N. DIXIE HWY. #16									
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334						DO NOT WRITE IN THIS SPACE			
1:						 Date Incorporated or Qualifed 10/28/1994 			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21 26						65-0530989		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75	Additional
22				5. Certificate of Status i				Fee.Re	equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23						Trust Fund Contribution		Added t	to Fees
Zip Country Zip 24 25 29 30			Country		_	This corporation owes the cur Personal Property Tax.	rent year Int	tangible □ Yes	□No
9. Name and Address of Current Registered Agent					_	10. Name and Address of New	Registered	Agent	
			81	Name	_		•		-
DANIELS, MARC			82	Ctroot	A ddror	on /D.O. Boy Number in Not Acceptable)			
4750 N. DIXIE HWY.			02	Street	Audres	ess (P.O. Box Number is Not Acceptable)			
SUITE #16			83						
FT. LAUDERDALE FL 33334								La El Si	
			84	City		•	FL	85 Zip (Code
l office or n	to the provisions of Sections 607.050; egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607.0505, Florid	thorized by da Statutes	the corpo	oration	ation submits this statement for the 's board of directors. I hereby acce when reinstating)	purpose of pt the appoi	changing its ntment as re	registered gistered
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTO	ORS IN 12
TITLE	D DELETE		1.1 TITLE					Change	Addition
NAME	DANIELS, ED		1.2 NAME						
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP					
TITLE			2.1 TITLE			·		☐ Change	Addition
NAME	DANIELS, MARC								
STREET ADDRESS				ADDRESS					
CITY: ST-ZIP				2. 4 CITY-ST-ZIP					
TITLE			3.1 TITLE					☐ Change	Addition
NAME	I		3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
i			3.4. CITY- S						
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-S						
TITLE			5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	r-ZIP					
TITLE		□ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME						

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 changes, pr on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS