CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085958

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90270 017 ***150.00

1115 5.110	GLISH ROSE TEA ROOM, IN	1C.								
						1 1993	98) 118 18 11) 818 11 88 111 8	1151 31 515 31 1	18) 18(8) 8(6) <u>8</u> 18	181 B1181 1811 1881
Principal Flace	e of Business	Mailing Address					Måt 150 i Bett Atter baiet at			101 91101 IB11 (481
49 WEST GRAN	NADA BLVD.	49 WEST GRANADA BLVI).							
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174										
						0 Data I			IIS SPACE	
						1	•			
2 Princips I D	lace of Business	2a. Mailing Address								Applied For
—	lace of Business	26. Walling Address				1			1	
Suite, Apt.	# etc	Suite, Apt. #, etc.				-				
22	.,	27				5. Certifcate	of Status Desired	Ц		
City & Stat	te	City & State				6. Election C	Campaign Financing		\$5.0	0 May Be
23		28				1			•	
Zip	Country	Zip	Cou	intry		8. This corpo	oration owes the cur	rent year	Intangible	
24		29	30						Yes	X No
	9. Name and Address of Curren	Registered Agent		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/21/1994 4. FEI Number						
				81	Name					
	LIS, SANDRA			82	Street A	dress (P.O. Bo) N	umber is Not Accept	able)		
	TOMOKA MEADOWS CT									
URM	IOND BEACH FL 32174			83						
				84	City				. 85 Z	ip Code
				Ш		- 				
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Stati cf Florida, Such change was	tes, the a	bove d by f	-named co	crporation submits t ation's board of dire	his statement for the ectors. I hereby acce	e purpose of the ap	ot changing pointment as	registered
Office or r										
office crr agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, F	orida Stat	utes.	ine corpor					
office crr agent. I a SIGNATURE	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Stat	utes.					· 	
agent. I a	im familiar with, and as cept the obligation of support	nt and title if applicable. (NO	lorida Stat	utes.		k ired when reinstating)		DATE		
agent. I a SIGNATURE 12.	m familiar with, and at cept the obliga Signature, typed or printed name of registered ager OFFICERS AN	tions of, Section 607.0505, F and title if applicable. (NO II) DIRECTORS	E: Registered	utes.		k ired when reinstating)	S/CHANGES TO OF	DATE	AND DIREC	TOFIS IN 12
agent. I a SIGNATURE 12. TITLE	im familiar with, and at cept the obligation of	nt and title if applicable. (NO	FE: Registered	I Agent		k ired when reinstating)		DATE		TOFS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed na ne of registered ager OFFICERS AN PSD WILLIS, SANDRA	tions of, Section 607.0505, F and title if applicable. (NO II) DIRECTORS	TE: Registered 13. 1.1 TI 1.2 N	Utes. I Agent TLE AME	t signature req	k ired when reinstating)		DATE	AND DIREC	TOFIS IN 12
Agent. (a SIGNATURE 12. TITLE NAME STREET ADDRE 3S	FIGURE 1998 ANDRA 32, TOMOKA MEADOWS CT.	tions of, Section 607.0505, F and title if applicable. (NO II) DIRECTORS	13. 1.1 TI 1.2 N	I Agent TLE AME	t signature req	k ired when reinstating)		DATE	AND DIREC	TOFIS IN 12
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL	tions of, Section 607.0505, F and aird title if applicable. (NO I) DIRECTORS DELETE	13. 1.1 TI 1.2 N. 13 S' 1.4 CI	I Agent TLE AME TREET	t signature req	k ired when reinstating)		DATE	AND DIREC	TOFS IN 12 e ☐ Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL	tions of, Section 607.0505, F and title if applicable. (NO II) DIRECTORS	13. 1.1 TI 1.2 N. 1.3 S 1.4 CI 2.1 TI	I Agent TLE AME TREET TY-ST	t signature req	k ired when reinstating)		DATE	.√ND DIREC ☐ Chang	TOFS IN 12 e ☐ Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G.	tions of, Section 607.0505, F and aird title if applicable. (NO I) DIRECTORS DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N.	I Agent TLE AME TREET TTLE TTLE AME	ADDRESS	k ired when reinstating)		DATE	.√ND DIREC ☐ Chang	TOFS IN 12 e ☐ Addition
AGENTURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ.	tions of, Section 607.0505, F and aird title if applicable. (NO I) DIRECTORS DELETE	13. 1.1 TI 1.2 N. 1.3 S 1.4 CC 2.1 TI 2.2 N. 2.3 S	I Agent TLE AME TREET TLE AME TREET	ADDRESS -ZIP ADDRESS	k ired when reinstating)		DATE	.√ND DIREC ☐ Chang	TOFS IN 12 e ☐ Addition
AGENT. I a SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G.	tions of, Section 607.0505, F and aird title if applicable. (NO I) DIRECTORS DELETE	13. 1.1 TI 1.2 N. 1.3 S 1.4 CC 2.1 TI 2.2 N. 2.3 S	I Agent TLE AME TREET TTLE AME TREET TLE AME TREET	ADDRESS -ZIP ADDRESS	k ired when reinstating)		DATE	.√ND DIREC ☐ Chang	TOF:S IN 12 ie Addition ge Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ.	tions of, Section 607.0505, Find and title if applicable. (NO II) DIRECTORS DELETE	13. 1.1 Tl 1.2 N. 1.3 S 1.4 Cl 2.1 Tl 2.2 N. 2.3 S 2.4 C	I Agent TLE AME TREET TLE AME TREET TREET TREET	ADDRESS -ZIP ADDRESS	k ired when reinstating)		DATE	.ND DIREC Chang	TOF:S IN 12 ie Addition ge Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME NAME NAME	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ.	tions of, Section 607.0505, Find and title if applicable. (NO II) DIRECTORS DELETE	13. 1.1 T	TLE AME TREET TTLE AME TREET TTLE TREET TREET TREET TREET TREET TREET TREET	ADDRESS -ZIP ADDRESS	k ired when reinstating)		DATE	.ND DIREC Chang	TOF:S IN 12 ie Addition ge Addition
AGENTURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS STREET ADDRE SS STREET ADDRE SS STREET ADDRE SS	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ.	tions of, Section 607.0505, Find and title if applicable. (NO II) DIRECTORS DELETE	13. 1.1 Ti 12.N 13.5 1.4 Ci 12.1 Ti 22.N 2.3 S 2.4 C 3.1 Ti 32.N 3.3 S	ITLE AME TITLE AME TITY-ST TITE TITE TITE TITE TITE TITE TITE TI	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS	k ired when reinstating)		DATE	.ND DIREC Chang	TOF:S IN 12 ie Addition ge Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME NAME NAME	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ.	tions of, Section 607.0505, Find and title if applicable. (NO II) DIRECTORS DELETE	13. 1.1 Ti 12.N 13.5 1.4 Ci 12.1 Ti 22.N 2.3 S 2.4 C 3.1 Ti 32.N 3.3 S	ITLE AME TITLE TITY-ST TITE TITY-ST TITE TITE TITE TITE TITE TITE TITE TI	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS	k ired when reinstating)		DATE	.ND DIREC Chang	TOF:S IN 12 Pe Addition De Addition De Addition
AGENT. I a SIGNATURE 12. TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ.	tions of, Section 607.0505, Find and Bible if applicable. (NO II) DIRECTORS DELETE DELETE	13. 1.1 TI 12.N 13.S 1.4 CI 12.N 2.3 S 2.4 C 3.1 TI 3.2 N 3.5 3.4 C 3.4 CI 12.1 TI 3.5 CI 12.1 T	ITLE AME TITLE AME TITLE AME TITLE AME TITLE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS	k ired when reinstating)		DATE	.ND DIREC Chang	TOF:S IN 12 Pe Addition De Addition De Addition
AGENT. I a SIGNATURE 12. TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ.	tions of, Section 607.0505, Find and Bible if applicable. (NO II) DIRECTORS DELETE DELETE	13. 1.1 TI 12.N. 13.5° 1.4 CI 2.1 TI 2.2 N. 2.3 S° 2.4 CI 3.1 TI 3.2 N. 3.3 S° 3.4 CI 4.1 TI 4.2 N. 4.2 N.	ITLE AME TREET TTLE AME TREET TTLE TTLE TTLE TTLE TTLE TTLE TT	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS	k ired when reinstating)		DATE	.ND DIREC Chang	TOF:S IN 12 Pe Addition De Addition De Addition
AGENT. I a SIGNATURE 12. TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ.	tions of, Section 607.0505, Find and Bible if applicable. (NO II) DIRECTORS DELETE DELETE	13. 1.1 TI 12.N. 13.S 14.C	ITLE AME TREET TTLE AME TREET TTLE TTLE TTLE TTLE TTLE TTLE TT	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	k ired when reinstating)		DATE	.ND DIREC Chang	TOF:S IN 12 Pe Addition De Addition De Addition
AGENT. I a SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE S CITY-ST-ZIP TITLE NAME STREET ADDRE S CITY-ST-ZIP TITLE NAME STREET ADDRE S STREET ADDRE S STREET ADDRE S STREET ADDRE S	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ.	tions of, Section 607.0505, Find and Bible if applicable. (NO II) DIRECTORS DELETE DELETE	13. 1.1 TI 12.N. 13.S 14.C	I Agent TLE AME TITE TTE AME TREET TITE AME TREET TITE TITE TITE TITE TITE TITE TI	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	k ired when reinstating)		DATE	.ND DIREC Chang	TOF:S IN 12 e
AGENT. I a SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ.	tions of, Section 607.0505, Find and Bible if applicable. (NO II) DIRECTORS DELETE DELETE	13. 1.1 TI 12.N. 13.5° 1.4 CI 22.N. 2.3.5° 2.4 CI 3.1 TI 32.N. 33.5° 3.4 CI 41.TI 4.2.N. 4.3.5° 4.4.C	ITLE AAME TREET TILE AAME TREET TILE AAME TREET TILE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	k ired when reinstating)		DATE	Chang	TOF:S IN 12 e
AGENT. I a SIGNATUFE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRES SCITY-ST-ZIP TITLE NAME STREET ADDRES SCITY-ST-ZIP TITLE	Signature, typed or printed in a ne of registered ager OFFICERS AN PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ. PORT ORANGE FL	tions of, Section 607.0505, Find and Bible if applicable. (NO II) DIRECTORS DELETE DELETE	13. 1.1 TI 12.N. 13.S 14.C	ITLE AME TREET TILE AME TREET TILE AME TREET TILE TREET TILE TILE TREET TILE TREET TILE TREET TILE TREET TRE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	k ired when reinstating)		DATE	Chang	TOF:S IN 12 e
AGENT. I a SIGNATUFE 12. TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE : S CITY-ST-ZIP TITLE NAME	Signature, typed or printed in a ne of registered ager OFFICERS AN PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ. PORT ORANGE FL	tions of, Section 607.0505, Find and Bible if applicable. (NO II) DIRECTORS DELETE DELETE	13. 1.1 TI 12.N. 13.S 14.C	Utes. I Agent ILE AME IREET ITLE AME IREET ITLE AME IREET ITLE AME IREET ITLE ITLE ITLE ITLE ITLE ITLE ITLE I	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	k ired when reinstating)		DATE	AND DIREC Chang	TOF:S IN 12 Pe Addition Pe Addition Pe Addition Pe Addition
AGENT. I a SIGNATUFE 12. TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE: S	Signature, typed or printed in a ne of registered ager OFFICERS AN PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ. PORT ORANGE FL	tions of, Section 607.0505, Find and Bible if applicable. (NO II) DIRECTORS DELETE DELETE	13. 1.1 TI 12.N. 13.S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 CC 3.1 TI 3.2 N. 3.3 S' 4.4 CC 5.1 TI 5.2 N. 5.3 S' 5.4 CC 6.1 TI 5.2 N. 5.2 N. 5.2 S' 5.4 CC 6.1 TI 5.2 N. 5.2 S' 5.4 CC 6.1 TI 5.2 N. 5.2 S' 5.4 CC 6.1 TI 5.2 N. 5.2 S' 5.2 S' 5.4 CC 6.1 TI 5.2 N. 5.2 S'	ILE AME IREET ITLE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	k ired when reinstating)		DATE	Chang	TOF:S IN 12 Pe Addition Pe Addition Pe Addition Pe Addition
AGENT. I a SIGNATUF E 12. TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed in a ne of registered ager OFFICERS AN PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ. PORT ORANGE FL	tions of, Section 607.0505, Find and title if applicable. (NO III) DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 12.N. 13.S 14.C	ILE AME IREET ITLE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	k ired when reinstating)		DATE	. AND DIRECT Change Cha	TOF:S IN 12 Pe Addition Pe Addition Pe Addition Pe Addition
AGENT. I a SIGNATUFE 12. TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE :S CITY-ST-ZIP TITLE NAME STREET ADDRE: S CITY-ST-ZIP TITLE NAME	Signature, typed or printed in the of registered ager OFFICERS AN PSD WILLIS, SANDRA 32, TOMOKA MEADOWS CT. ORMOND BEACH FL VTD MOSS, JUNE G. 470 DAWNVIEW SQ. PORT ORANGE FL	tions of, Section 607.0505, Find and title if applicable. (NO III) DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 12.N. 13.S 1.4 CI 2.1 TI 2.2 N. 2.3 S 2.4 CI 3.1 TI 3.2 N. 3.3 S 3.4 CI 4.1 TI 5.2 N. 4.3 S 4.4 CI 5.1 TI 5.2 N. 5.3 S 5.4 CI 6.1 TI 5.2 N. 5.2 N	ILE AME IREET ITY-ST TLE AME IREET ITY-ST TLE AME ITREET ITY-ST TLE AME ITREET ITY-ST TLE AME	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	k ired when reinstating)		DATE	. AND DIRECT Change Cha	TOF:S IN 12 Pe Addition Pe Addition Pe Addition Pe Addition

14. I hereby certify that the information supplied with this filling 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 en an attachment with an address, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR