✓ 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

20500000004 (0)

DOCUMENT # P9500000324 (0)

GOURMET GRAPHIQUES T.A.C., INC.

FILED Feb 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				-{	T BERNY DEPOS LINNE FRANK DYDD TODD
3030 NW 25TH AVENUE 3030 NW 25TH AVENUE					
POMPANO BEACH FL 33089		POMPANO BEACH FL 33069			
				DO NOT WRITE IN THIS SPACE	
İ				3. Date Incorporated or Qualified	
- D-14-11-11-11	N			01/03/1995	
	Place of Business	2a. Mailing Address	2 rdh A	4. FEI Number	Applied For
Suite, Apt. #, etc		26 5030 NW Suite, Apt. #, etc.	25than,	65-0547544	Not Applicable
22		27 PO 0000	21	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	DOM:	• Floation Community Firms in	
23		28 7000		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	2(p)	Country	8. This corporation owes or has paid the c	
24	25	29 220 6 30	هکند	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current			10. Name and Address of New Registered	
COFAR, L. B1					
915 MIDDLE RIVER DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33304			oli eel Addre	sss (F.O. Box Number is Not Acceptable)	
			83		
			84 City		1-21-2-0
			84 City	F	L 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Horida Statutes, the above-pamed corporation submits this statement for the purpose of changing its registered.					
office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed managed ring, triest appeal and title 4 appeals (NOTE, Registered Agent signature required when reinstating).					
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D		1 1 TITLE		Change Addition
NAME	MENDELSOHN, J H		1.2 NAME		
STREET ADDRESS	3030 NW 25TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069	* ***	1.4 CITY-ST-ZIP		
TITLE			2.1 TOLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	• • • • • • • • • • • • • • • • • • • •		2. 4 CITY-ST-ZIP		
'			3 1 TITLE		Change Addition
NAME			3 2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		j
CITY-ST-ZIP TITLE			3 4. C/TY - ST - Z/P		D 05
NAME			4.1 TITLE		Change Addition
STREET ADDRESS			4 2 NAME		[
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE			4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME					☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			5.4 CITY - ST - ZIP		[] Ohanna [] 142395-
NAME			6.1 TITLE		☐ Change ☐ Addition
			6.2 NAME		Ī
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	- No. of the state		6.4 CHTY-ST-ZIP		

14. Thereby 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

SIGNATURE:

Menul

Fee L/98 (954) 968-442