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**

DOCUMENT # P95000009198 (9)

Mailing Address Principal Place of Business 1809 TAYLOR STREET 1809 TAYLOR STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

FILED Mar 30 1998 8:00am Secretary of State

FRENCH COOKING, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0560479 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LOUCHET, REGIS 81 **1809 TAYLOR STREET** 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 83 84 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 Horida. 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 (NO1E: Registered Agent signature required when reinstating) (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE LOUCHET, REGIS NAME 1.2 NAME **2E034 1809 TAYLOR STREET** STREET ADDRESS 1.3 STREET ADDRESS **HOLLYWOOD FL 33020** CITY-ST-ZIP 1.4 City-St-ZIP DELETE Change Addition TITLE 2.1 TITLE LOUCHET, SYLVIE NAME 2.2 NAME ٤. **1809 TAYLOR STREET** STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **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 change with an address. on an attachmen