

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90053 046 ***150.00

DOCUMENT # P95000009198

1. Corporation Name
FRENCH COOKING, INC.

Principal Place of Business
FRENCH COOKING OFFICE
1010 SOUTH 20TH AVENUE
HOLLYWOOD FL 33020

Mailing Address
FRENCH COOKING OFFICE
1010 SOUTH 20TH AVENUE
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1995

4. FEI Number

65-0560479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LOUCHET, REGIS
1809 TAYLOR STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

REGIS LOUCHET

82 Street Address (P.O. Box Number is Not Acceptable)

1010 S. 20th AVE

83

84 City

HOLLYWOOD

FL

85 Zip Code

33020

11. Pursuant to the provisions of Sections 607.0602 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 Florida. 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

REGIS LOUCHET

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LOUCHET, REGIS
STREET ADDRESS 1809 TAYLOR STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE SV ☐ DELETE

NAME LOUCHET, SYLVIE
STREET ADDRESS 1809 TAYLOR STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME LOUCHET, REGIS
1.3 STREET ADDRESS 1010, S. 20th AVE
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33020

2.1 TITLE SV ☒ Change ☐ Addition

2.2 NAME LOUCHET, SYLVIE
2.3 STREET ADDRESS 1010, S. 20th AVE
2.4 CITY-ST-ZIP HOLLYWOOD, FL 33020

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 9, 99 954 927 8340

0138969

CR2E034 (11/98)