

FILE NOW: FILING FEE AFTER MAY 1 IS

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 22 1998 8:00am  
Secretary of State

DOCUMENT # P95000018700 (1)

Corporation Name

TIJUANA FLATS BURRITO COMAPNY

Principal Place of Business

1658 MAJESTIC OAK DR.  
APOPKA FL 32712

Mailing Address

1658 MAJESTIC OAK DR.  
APOPKA FL 32712

Principal Place of Business

7608 University Blvd.

2a. Mailing Address

26 2431 Abma Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Ste. 246

City & State

Winter Park, FL

City & State

28 Winter Park, FL

Zip

32792

Country

25 USA

Zip

29 32792

Country

30 USA

9. Name and Address of Current Registered Agent

WHEELER, BRIAN J  
1658 MAJESTIC OAK DR.  
APOPKA FL 32712

3. Date Incorporated or Qualified  
~~3/10/98~~ 3/10/97

3a. Date of Last Report

1997

4. FEI Number

59-3300451

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE ME REET ADDRESS Y-ST-ZIP	D WHEELER, BRIAN J 1658 MAJESTIC OAK DR. APOPKA FL 32712	<input type="checkbox"/> DELETE
LE ME REET ADDRESS Y-ST-ZIP	D WHEELER, CHESTER F 1658 MAJESTIC OAK DR. APOPKA FL 32712	<input type="checkbox"/> DELETE
LE ME REET ADDRESS Y-ST-ZIP	D WHEELER, JANICE M 1658 MAJESTIC OAK DR. APOPKA FL 32712	<input checked="" type="checkbox"/> DELETE
LE ME REET ADDRESS Y-ST-ZIP	D FLORES, SCOTT 1658 MAJESTIC OAK DR. APOPKA FL 32712	<input type="checkbox"/> DELETE
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY-ST-ZIP
D Wheeler, Rachel 1658 majestic oak dr. Apopka FL 32712			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Brian J. Wheeler

5/1/98

407-679-5003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

12/5/92