May 06, 1999 8:00 am Secretary of State

05-06-1999 90246 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000018700

1. Corporation Name

TIJUANA FLATS BURRITO COMAPNY

Principal Place of Business Mailing Address				
7608 UNIVERSIT	TY BLVD	2431 ALOMA AVE		
WINTER PARK		STE #246		
, V-		WINTER PARK FL 32792		DO NOT WRITE IN THIS SPACE
		US		3. Date Incorporated or Qualifed
		· .,		03/06/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 2		26 1335 Bennett Dr.		59-3300451 Not Applicable
Suite, Apt. #; etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired 5. Serviced Fee Required
22		27 15 49		
City & State		City & State 28 Landwood, PC		6. Election Campaign Financing \$5.00 May Be
23				Trust Fund Contribution Added to Fees
Zip	Country	- Z222(1) -	Country	8. This corporation owes the current year Intangible Personal Property Tax
24	25	29 20180 3		Personal Property Tax. Yes LINO 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81 (Name.	10. Name and Address of New Registered Agent
WHEELER, BRIAN "Brian J. Wheeler				
	ELEN, DRIMIN	1 ddien	82 Street	Address (R.O. Box Number is Not Acceptable)
1000 MAJESTIC VAN DA / NYME address				
APU	PKA FL 32712	0	7 83 144	teckal CI
			84 City	85 Zin Code
Į				FL 32784
11. Pursuant to the provisions of Sections 607.0802 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.				
1	INVI O	1sidon +		4129199
SIGNATURE	Signature, typed or printed name of begistered a lent	and title if applicable. (NOTE: Re	egistered Agent signature n	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change ☐ Addition
NAME	WHEELER, BRIAN J		1.2 NAME	• •
STREET ADDRESS	70 BATTLER ST		1.3 STREET ADDRESS	1500 Hibiscup Are
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	1500 Hobiscus Are Materpark, FL 32781
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
 NAME	WHEELER, CHESTER F		2.2 NAME	
STREET ADDRESS	1658 MAJESTIC OAK DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	[为Change ☐ Addition
NAME	WHEELER, RACHEL		3.2 NAME	
STREET ADDRESS	1658 MAJESTIC OAK DR.			1500 Hobiscus Are.
CITY-ST-ZIP	APOPKA FL 32712		3.4. CITY-ST-ZIP	Mnterpark, FL 32789
TITLE	D	DELETE	4.1 TITLE	Change Addition
NAME	FLORES, SCOTT	4	4. 2 NAME	
STREET ADDRESS		•	4.3 STREET ADDRESS	
	ORLANDO FL			
CITY-ST-ZIP	ONDANDO I L	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
TITLE			5.2 NAME	_ · _
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	Change Addition
TITLE		☐ DÉTEIE	6.2 NAME	
NAME				
STREET ADDRESS	1		6.3 STREET ADDRESS	

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

14. 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 comporation or the receiver of 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 charged, or on an attachment with an address, with all other like empowered.