## 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

## DOCUMENT # P95000022720

1. Corporation Name

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90278 034 \*\*\*150.00

|  | T LIFE & MEALER, INC.  |   |   |  |  |                                    |  |
|--|--|---|---|--|--|------------------------------------|--|
| Principal Place  | e of Business  | Mailing Address   |   |  |  | B HEIR HAIS IODIO                  | 14841 8841 1881                              |
| 19380 COLLINS  |  | 19390 COLLINS AVE #526  |   |  |  |                                    |  |
| NO MIAMI BEACH FL 33160 NO MIAMI BEACH FL 33160  |  |   |   |  |  |                                    |  |
|  |  |   |   |  | DO NOT WRITE IN THIS SPACE   |                                    |  |
|  |  |   |   |  | Date Incorporated or Qualifed  |                                    |  |
|  |  |   |   |  | 03/20/1995   |                                    |  |
| 2. Principal P   | lace of Business   | 2a. Mailing Address   |   |  | 4. FEI Number  | Ap                                 | plied For                                    |
| 21   |  | 26  |   |  | 65-0564842   |                                    | t Applicable                                 |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   |   |  | =5.2 Certificate of Status Desired   | <u>\$8.75</u> #                    |  |
| 22   |  | 27  | 27  |  |  | Fee Re                             | quired                                       |
| City & Stat  | е  | City & State  |   |  | 6. Election Campaign Financing   | \$5.00                             | May Be                                       |
| 23   |  | 28  |   |  | Trust Fund Contribution  | Added t                            | o Fees                                       |
| Zip  | Country  | Zip   | Country   | /  | 8. This corporation owes the current year Ir   |                                    | _  |
| 24   | 25   | 29 3  |   |  | Personal Property Tax.   |                                    | □No  |
|  | 9. Name and Address of Curren  | t Registered Agent  |   |  | 10. Name and Address of New Registered   | l Agent                            |  |
|  |  |   | 81  | Name   | •  |                                    |  |
|  | GER, DANIEL I  |   | 82  | Street Add   | dress (P.O. Box Number is Not Acceptable)  |                                    |  |
|  | 30 COLLINS AVE #526  |   |   | 0.000  |  |                                    |  |
| NO I   | MIAMI BEACH FL 33160   |   | 83  |  |  |                                    |  |
|  | •  |   |   | 0.00   |  | ~~ 85  ~ Zip (                     |  |
|  |  | متينو ويندونيتيريها المت  | 84  | ∈City: ←   | F  | 85 Zip C                           | , ,  |
| ند سنسي برا  |  |   |   |  |  |                                    |  |
| 11. Pursuant   | to the provisions of Sections 607.050  | 2 and 607.1508, Florida Statutes  | the above   | re-named cor   | poration submits this statement for the purpose of   | of changing its                    | registered                                   |
| 11. Pursuant office or r   | to the provisions of Sections 607.050 egistered agent, or both, in the State   | 2 and 607.1508, Florida Statutes<br>of Florida. Such change was aut   | the above   | re-named cor<br>the corporat   | poration submits this statement for the purpose clion's board of directors. I hereby accept the appo   | of changing its<br>pintment as re  | registered<br>gistered                       |
| 11. Pursuant office or ragent. I a   | to the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the obligation  | 2 and 607.1508, Florida Statutes<br>of Florida. Such change was aut<br>lions of, Section 607.0505, Florid     | the above<br>horized by<br>a Statutes   | re-named cor<br>the corporat<br>s.   | poration submits this statement for the purpose of the purpose of the portion's board of directors. I hereby accept the appoint the purpose of the purpose o | of changing its<br>pintment as re  | registered<br>gistered                       |
| 11. Pursuant office or r agent. I a  | m familiar with, and accept the obligat  | tions of, Section 607.0505, Florid  | ia Statutes   | s.   |  | of changing its<br>cointment as re | registered<br>gistered                       |
| agent. I a   | m familiar with, and accept the obligation of superior states and superior  | tions of, Section 607.0505, Florid  | 1a Statutes   | s.   |  |                                    |  |
| agent. I a SIGNATURE 12. ;   | m familiar with, and accept the obligation of th | tions of, Section 607.0505, Florid  | ia Statutes   | s.   | red when reinstating) DATE   |                                    |  |
| agent. I a SIGNATURE  12. ;  | Signature, typed or printed name of registered ager  OFFICERS AN   | tions of, Section 607.0505, Florid at and title if applicable. (NOTE: R D DIRECTORS                           | tegistered Age  | s.   | red when reinstating) DATE   | ND DIRECTO                         | RS IN 12                                     |
| agent, I a SIGNATURE  12. , TITLE NAME   | Signature, typed or printed name of registered ager OFFICERS AN D KRIEGER, DANIEL I  | tions of, Section 607.0505, Florid at and title if applicable. (NOTE: R D DIRECTORS                           | 13. 1.1 TITLE 1.2 NAME  | s.<br>int signature requi  | red when reinstating) DATE   | ND DIRECTO                         | RS IN 12                                     |
| agent. I a SIGNATURE  12. 7 TITLE NAME STREET ADDRESS  | Signature, typed or printed name of registered ager OFFICERS AN D KRIEGER, DANIEL I 19380 COLLINS AVE #526   | tions of, Section 607.0505, Florid at and title if applicable. (NOTE: R D DIRECTORS                           | 13. 1.1 TITLE 1.2 NAME 1.3 STREE  | s. int signature requi   | red when reinstating) DATE   | ND DIRECTO                         | RS IN 12                                     |
| agent. I a SIGNATURE  12. , TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Signature, typed or printed name of registered ager OFFICERS AN D KRIEGER, DANIEL I  | tions of, Section 607.0505, Florid  It and title if applicable. (NOTE: R)  D DIRECTORS  DELETE                | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S   | s. int signature requi   | red when reinstating) DATE   | ND DIRECTO                         | RS IN 12                                     |
| agent. I a SIGNATURE  12. , TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Signature, typed or printed name of registered ager OFFICERS AN D KRIEGER, DANIEL I 19380 COLLINS AVE #526   | tions of, Section 607.0505, Florid at and title if applicable. (NOTE: R D DIRECTORS                           | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE   | s. int signature requi   | red when reinstating) DATE   | ND DIRECTO                         | RS IN 12                                     |
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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 people is 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 accuracy with all other like empowered.

SIGNATURE: