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

Mailing Address

**CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000023882 (0)

CUISINE DE FRANCE, INC.

7449 MANATEE AVENUE WEST BRADENTON FL 34209		7449 MANATEE AVENUE WEST BRADENTON FL 34209				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/24/1995	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				<b>65-0566783</b> Not Applies	
Sulte, Apt.		Suite, Apt. #, etc. 27				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stat		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip <b>29</b>	30 Cc	untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered Agent	
CL	ARK, RICHARD C			81	Name		
400	06 - 62ND DRIVE WEST			82	Street Add	Address (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34210						in our (i.e. box realists)	
				83			
				84	City	FL 85 Zip Code	
agent. I a						ation's board of directors. I hereby accept the appointment as registere	
40	Signature, typied or printed name of registered age-		· · · · · · · · · · · · · · · · · · ·		nt signature requi	pired when reinstating) DATE	
12.	OFFICERS AND	DELETE	13	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	CLARKE, RICHARD C	ب مدددار		NAME		Criange C., Ador	
STREET ADDRESS	4006 - 52ND DRIVE WEST				ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34210			CITY+S	1		
TITLE	D	DELETE		IITLE		☐ Change ☐ Addi	
NAME	CLARK, KELLY		22	NAME	-	_ , _	
STREET ADDRESS	4008 - 52ND DRIVE WEST		2.3	STAEET	ADDRESS	•	
CITY-ST-ZIP	BRADENTON FL 34210		2. 4	CITY-S	T-ZIP		
TITLE		☐ DELET <b>E</b>	3.1	TITLE		Change Addi	
NAME			3.2	NAME			
STREET ADDRESS	er e		3.3	STREET	ADDRESS		
CITY-ST-ZIP				CITY-S	IT-ZIP		
TITLE		☐ DELETE		TILE		Change Addi	
APARAC			<b>1</b> 40				

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.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

Change

☐ Change

Addition

☐ Addition

**FILED** 

Apr 29 1998 8:00am

Secretary of State