PROFIT CORPORATION ANNUAL REPORT

1999

BREVARD KOSHER ZONE, INC.

1. Corporation Name



DOCUMENT # P95000038147

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90026 013 ***150.00

| Principal Place of Business Mailing Address | | | | | | | | BOILE DI 410 IBIOI GILII OBIII BOILI | . SB(II GD:AR I | 11 0 1 1 0 1 0 1 11 11 11 | 11011 1081 1991 |
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| MELBOURNE FL 32935 | | | MELBOURNE FL 32935 | | | | | | 00105 | | |
| US | | į | US | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | | | | |
| | | | | | | | 05/1 | 2/1995 | | | |
| 2. Principal Pl | ace of Business | 2 | a. Mailing Address | | | | 4. FEI N | | | | lied For |
| 21 | | 26 | i | | | | 59-3 | 3 <u>199</u> 63 | | | t Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certifo | ate of Status Desired | | \$8.75 A | i |
| 22 | | 27 | | | | | | | | | -` |
| City & State | e | - | City & State | | | | | n Campaign Financing | | \$5.00 Added t | |
| 23 | | | | Cou | | | - | und Contribution | | | rees |
| Zip | Cou | · – | Zíp ∃ | | nu y | | l. | orporation owes the current al Property Tax. | nt year ma | ingible □ Yes | I ₽ No |
| 24 | 25 | 29 | | 30 | | | | and Address of New Re | aisteré d A | | |
| | 9. Name and Add | iress of Current Reg | istered Agent | | 81 | Name | 10. 110.110 | und / lactors of //or / la | | <u> </u> | - |
| DAAI | r, sheri | | | | | | | | | | |
| 416 N HARBOR CITY BLVD | | | | | | Street A | dress (P.O. Bo | ess (P.O. Bo) Number is Not Acceptable) | | | Ì |
| MELBOURNE FL 32935 | | | | | 83 | | | | | | |
| 1 | | | | | | | | | | | |
| | | | | : | 84 | City | | | FL | 85 Zip (| Code |
| 44 D | to the provisions of C | entions 607 0505 and | 607 1508 Florida Statu | les the al | hove | -named co | crooration subm | s this statement for the p | urnose of | hanging its | registered |
| office or re | agistored agent or br | oth in the State of Flo | rida. Such change was | authorized | l bv 1 | the corpor | ation's board of | directors. I hereby accept | the apr oir | tment as re- | gistered |
| agent. I ar | m familiar with, and a | ccept the obligations | of, Section 607.0505, FI | orida Stati | ites. | | | | 1 Alas | .()90 | - y |
| SIGNATUFE | Then | a ne of registered agent and to | | * Ribristereri | ACRO | Signatura reg | q ired when reinstating | · · · · · · · · · · · · · · · · · · · | L XX JAN | | \ |
| 12. | Signature, typed or printed to | OFFICERS AND DIE | | 13. | | | | ONS/CHANGES TO OFF | ICERS AN | D DIRECTO | 18S IN 12 |
| TITLE | D | | ☐ DELETE | 1.1 TO | ΠE | | | | | ☐ Change | ☐ Addition |
| NAME | DAAR, JOSH | | | 12 NA | ME | | | | | | |
| STREET ADDRESS | 24 AVE. C | | | 13 ST | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | MELBOURNE FL | 32901 | | 1.4 CF | TY-ST | · ZIP | | | | | |
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| NAME | DAAR, SHERI | | | 2 2 NA | ME | 1 | | | | | 1 |
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| CITY-ST-ZIP | MELBOURNE FL | 22004 | | | KEEL | ADUKESS | | | | | |
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| NAME | | 32301 | ☐ DELETE | | ITY-S | 1 | | | | ☐ Change | Addition |
| l i | | 32901 | ☐ DELETE | 2. 4 C | ITY-S | 1 | | | | Change | ☐ Addition |
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| STREET ADDRESS CITY-ST-ZIP TITLE | | 32901 | ☐ DELETE | 2. 4 Cl 3.1 TIT 3.2 NA 3.3 ST | ITY-S' TLE NME REET | T-ZIP ADDRESS | | | | ☐ Change | Addition Addition |
| CITY-ST-ZIP | | 32901 | | 2. 4 Cl 3.1 TII 3.2 NA 3.3 ST 3.4. Cl | ITY-S' TLE NME REET ITY-S' TLE | T-ZIP ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | 32901 | | 2.4 Cl 31 TH 32 NA 33 ST 34. Cl 4.1 TV 4.2 NA | ITY-S' TLE AME TREET ITY-S' TLE AME | T-ZIP ADDRESS | | | | | |
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| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | 32901 | ☐ DELETE | 2.4 CI 31 TII 32 NA 33 ST 34. CI 4.1 TV 4.2 N 4.3 ST 4.4 CI 5.1 TII 52 NA 5.3 ST | ITY-S ITE MME REET ITY-S ITE AME ITY-SI ITE AME ITY-SI ITE TREET ITY-SI ITY-SI | T-ZIP ADDRESS T-ZIP ADDRESS F-ZIP ADDRESS | | | | ☐ Change | Addition |
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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 shanged, or on an attact ment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

IGNATI IRE AND TYPED OR "RINTED NAME OF SIGNING OFFICE & OR DIRECTOR