

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90070 048 ***150.00

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DOCUMENT # P95000050769

1. Corporation Name
CREATIVE CUISINE, INC.

Principal Place of Business
5421 BAYSHORE BLVD.
TAMPA FL 33611

Mailing Address
P.O. BOX 13941
TAMPA FL 33681-3941
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4810 W. ML King Blvd

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33614

Country

25 USA

2a. Mailing Address

26 4810 W. ML King Blvd

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33614

Country

30 USA

3. Date Incorporated or Qualified

06/29/1995

4. FEI Number

59-3324009

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

11. 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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FERGUSON, LEE ELLEN

STREET ADDRESS 5421 BAYSHORE BLVD.

CITY-ST-ZIP TAMPA FL 33611

TITLE STDV ☐ DELETE

NAME MARTIN, GEORGE J

STREET ADDRESS 5421 BAYSHORE BLVD.

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Ferguson, Lee Ellen

1.3 STREET ADDRESS 4810 W. ML King Blvd

1.4 CITY-ST-ZIP Tampa FL 33614

2.1 TITLE STDV ☒ Change ☐ Addition

2.2 NAME Martin, George J.

2.3 STREET ADDRESS 4810 W. ML King Blvd

2.4 CITY-ST-ZIP Tampa FL 33614

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Ferguson, Cameron I.

3.3 STREET ADDRESS 4810 W. ML King Blvd

3.4 CITY-ST-ZIP Tampa FL 33614

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *George J. Martin* DATE: 4/23/99 DAYTIME PHONE: 813-348-4650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (11/98)