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

**CORPORATION** 



FLORIDA DEPARTMENT OF STATE

	ANNUAL REPORT Secretary of SI  1998 DIVISION OF CORPO					Secretary of State
	MENT # P950 TASTE, INC.	00062662	(8)			A CRONICAL TO COURT BOTH ROTH ROTH BOTH BATTE CALLE VALUE OF BUTTER STAR TO
					<b></b> ·	
Principal Place of Business  2900 CLEVELAND AVENUE FORT MYERS FL 33901  Mailing Address  2960 CLEVELAND AVENUE FORT MYERS FL 33901						( 15 batte batter and a series of the days and a series a
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
6 Drivers of D	lace of Business	I A Maillan And				08/14/1995
z. Principal P	lace of Business	2a, Mailing Addr	ess			4. FEI Number Applied For
Suite, Apt.	₩, etc.	26 Suite, Apt. #,	, etc.			5. Certificate of Status Desired 55. Certificate of Status Desired 55. Certificate of Status Desired 55. Certificate of Status Desired 56. Cer
City & State	e	City & State			·	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	30	ountr	у	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
	9. Name and Address of Cu		1001	Т		10. Name and Address of New Registered Agent
TS	ANG, CYRUS KIN W			Bi	Name	<b>16</b>
2960 CLEVELAND AVENUE FORT MYERS FL 33901				82 Street Adde		et Address (P.O. Box Number is Not Acceptable)
						A vociess (F.O. Box Number is not acceptable)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			83		
				84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Stgnature, typied or printed harne of requirity.	State of Florida. Such char obligations of, Section 607.	ige was authoriz 0505, Florida Si	ed b atute	y the cor is.	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
12.		AND DIRECTORS	13		Perit Signaturi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DI DI		TITLE		Change Addition
NAME	TSANG, CYRUS KIN W		1.2	NAME		
STREET ADDRESS	2960 CLEVELAND AVENU	Æ	1.3	STREE	T ADDRESS	s l
CITY-ST-ZIP	FORT MYERS FL 33901	_	1.4	CITY-:	ST-ZIP	
TITLE		□ DI		TITLE		☐ Change ☐ Addition
NAME			2.2	NAME		
STREET ADDRESS			2.3	STREE	T ADDRESS	s
CITY-ST-ZIP			2.	CITY-	ST-ZIP	
TITLE		☐ DE	LETE 3.1	TITLE		☐ Change ☐ Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREE	T ADDRESS	s
CITY-ST-ZIP				CITY-	ST-ZIP	
TITLE		□ Di		TITLE		Change Change Addition
HAME			4.;	NAME		
STREET ADDRESS			4.3	STREE	T ADDRESS	S
CITY-ST-ZIP					ST-ZIP	
TITLE		□ DI		TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS					T ADDRESS	S
CITY-S1-ZIP			5.4	CITY-	ST-ZIP	

CITY-ST-ZIP 14. Thereby 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.

SIGNATURE:

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

941.337-145

**FILED** 

Apr 14 1998 8:00am