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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067059 (2)

TASTEFUL CHOICES, INC.

Principal Plac	e of Business	Mailing Address			BAITA BÍAIT IKRIT BALÁT ÁTSA 1851 TABL
2242 JOG RD 13493 FOUNTAIN VIEW B			/ BLVD.	1	
WEST PLAM BEACH FL 33415 WELLINGTON FL 33414			ŧ	DO NOT WOITE I	N THIS COACE
US				DO NO1 WRITE I 3. Date Incorporated or Qualified	IN THIS SPACE
}				08/28/1995	
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0606333	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					60.75
27			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 3	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	RILLA, LENA		81 Name		
13493 FOUNTAIN VIEW BLVD.			82 Street Add	lress (P.O. Box Number is Not Acceptable	9)
WE	ELLINGTON FL 33414		83		
			63		
			84 City		FL 85 Zip Code
Dura mal	to the manifeless of Continue 607 Of	22 and CO2 4E00 Flacide Chat	utes the obsus period on	need on submits this statement for the su	
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. La	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statutes.		i
SIGNATURE	Signature, typed or pricted name of registered ag-	ont and title it enviroable (N	OTE: Regist/red Agent signature requi	ared when reinstalion)	DATE
12.		ID DIRECTORS	1 13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	B arilla, Lena		1.2 NAME		
STREET ADDRESS	13493 FOUNTAIN VIEW BLVI).	1.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP		_
DILE	D	DELETE	2.1 TITLE		Change Addition
NAME	B arilla, ralph Jr.		2.2 NAME		į
STREET ADDRESS	13493 FOUNTAIN VIEW BLVI	D.	2.3 STREET ADDRESS		į
CITY-\$1-ZIP	WELLINGTON FL 33414		2.4 CNY-S1-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		[] DELFTE	4.1 TITLE		Change Addition
NAME	l		4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		Proces	4.4 CITY-ST-ZIP		Change
TITLE	!	☐ DELE3Ē	5.1 TITLE		Change Addition
NAME OXOSS ADOREDO			5.2 NAME		
STREET ADDRESS	l		5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE					F Cuantic F Vocalitoti
NAME CLOSEX ADORESE			6.2 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY+ST+ZIP	0 - 11 - 140 07/01/2 Fi - 1 - 01-1 1 - 14	

4. 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

IATURE.

9-22-94 561-968-230

FILED

Sep 30 1998 8:00am

Secretary of State

(2E034 (10/97)