

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000095333 (7)**

1. Corporation Name

VEGETARIAN EATS CORP.



Principal Place of Business

**1911 SABAL PALM DRIVE, SUITE 404
FORT LAUDERDALE FL 33324**

Mailing Address

**1911 SABAL PALM DRIVE, SUITE 404
FORT LAUDERDALE FL 33324**

2. Principal Place of Business

2a. Mailing Address

21 **1660 NE 12th Terr.**

26 **1660 NE 12th Terr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

24 Zip

25 Country

29 Zip

30 Country

33305

USA

33305

USA

9. Name and Address of Current Registered Agent

**STEVENS, KENNETH G
412 NE 4TH STREET
FORT LAUDERDALE FL 33301**

81 Name

RICHARD GROSS

82 Street Address (P.O. Box Number is Not Acceptable)

1300 S. OCEAN BLVD 702

83

POMPANO BEACH

84 City

FL

85 Zip Code

33062

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

Richard Gross

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent Signature required both when changing)

3/27/96

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D STEVENS, KENNETH G
414 N.E. 4TH STREET
FORT LAUDERDALE FL 33301**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

**President
Richard P. Gross
1300 S. Ocean Blvd, Apt. 702
Pompano Beach, FL 33062**

☐ Change ☒ Addition

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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2.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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6.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Richard Gross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Encl

Daytime Phone #

CR2E034 (12/95)