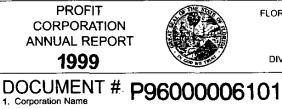
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

LETTUCE AND LOVAGE, INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 06, 1999 8:00 am Secretary of State 05-06-1999 90117 050 \*\*\*158.75

Principal Place of Business Mailing Address						
990 ADAM RD 990 ADAM PALM BEACH FL 33480 PALM BEA			DAM RD BEACH FL 33480			DO NOT WRITE IN THIS CRASS
						DO NOT WRITE IN THIS SPACE
·						3. Date Incorporated or Qualifed
						01/19/1996
Principal Place of Business 2a. Mailing Addre		<u> </u>	ress			4. FEI Number Applied For
		Suite, Apt. #, etc	Evite Apt # pte			11-9580064   Not Applicable   \$8.75 Additional
Suite, Apt.	#, etc.		Suite, Apr. #, etc.			5. Certificate of Status Desired Fee Required
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be
<b>–</b>		28	1			Trust Fund Contribution Added to Fees
Zip	Country		Zip Country			8. This corporation owes the current year Intangible
25		29	30			Personal Property Tax.
	9. Name and Address of Curre		11.			10. Name and Address of New Registered Agent
				81	Name	
	ELE, W. TRENT			82	Street A	Address (P.O. Box Number is Not Acceptable)
3300	P.G.A. BLVD, SUITE #300			Street Addre		Address (1.0. Box (valido) to Not / loopius o/
PALM	I BEACH GARDENS FL 33410		Ī			
			-		City	₽. 85 Zip Code
				84	,	FL "
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such change	was authorized	d by	the corpor	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
SIGNATURE			(NOTE: Coninteres	Amon	t nionatura ess	required when reinstating) DATE
12.	Signature, typed or printed name of registered at	AND DIRECTORS	13.	Agen	it signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELE		1.1 TITLE		Change Addition
NAME	LAMBERT, MIMI		1.2 N	1.2 NAME		
STREET ADDRESS	990 ADAM RD			REET	ADDRESS	,
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 C	TY-S	T-ZIP	
TITLE		☐ DELE	TE 2.1 TI	TLE		☐ Change ☐ Addition
NAME		<del></del>		ME~		
STREET ADDRESS			2.3 \$	REET	ADDRESS	·
CITY-ST-ZIP			2.40	ITY-S	T-ZIP	
TITLE		☐ DELE	TE 3.1 TI	TLE		☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	REET	ADDRESS	;
CITY-ST-ZIP			3.4.0	ITY-S	T-ZIP	
TITLE		☐ DELE	TE 4.1 TI	ΠE	1	☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 S	TREET	ADDRESS	;
CITY-ST-ZIP				TY-S	T-ZIP	
TITLE		☐ DELE			1	☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS					FADDRESS	
CITY-ST-ZIP				TY-S	T-ZIP	
TITLE		☐ DELE			1	Change Addition
NAME			6.2 N			
STREET ADDRESS			6.3 S	REET	TADDRESS	· [

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 porporation 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 (Florida Statutes), and that my name appears in Block 12 or Block 13 (Florida Statutes).

6.4 CITY-ST-ZIP