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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P96000017567

1. Corporation Name

I.S. KITCHEN, INC.

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90005 020 \*\*\*150.00



Principal Place of Business Mailing Address						-	II BBIII BBIBI	- 14841 1 <b>4841 6</b> 141	E Sinti (BAI (BAI
222 LAKEVIEW AVE STE. 260 WEST PALM BEACH FL 33401  222 LAKEVIEW AVE STE. 260 WEST PALM BEACH FL 33401  223 LAKEVIEW AVE STE. 260						DO NOT WRIT	E IN THIS	S SPACE	
						3. Date Incorporated or Qualifed			
						02/27/1996	<u> </u>		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 65-0650579		— <del>                                    </del>	pplied For
21		26							lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7			_5Certifcate of Status Desired		\$8./5 Fee R	Additional
22		City & State	7 City & State						
City & State		— ´	28			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible			
24	25 29 30					Personal Property Tax.		☐Yes	[χ(Nο
Name and Address of Current Registered Agent						10. Name and Address of New R	egistered	Agent	
				81	Name				
KUE	PPEL, JOEL P LAKEVIEW AVE., STE. 260					ss (P.O. Box Number is Not Accepta	ble)		
WES			83	_					
****	T T T LIN DE TOTT LE GOTO			03					
				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 registere 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.									s registered egistered
SIGNATURE									
0.010.170112	Signature, typed or printed name of registered age			l Agent	t signature required		DATE		200 01 40
12.		ND DIRECTORS DELETE	13.	7.5		ADDITIONS/CHANGES TO OF	ICERS A	DIRECTI Change	
TITLE	P DALAMON DADDY	☐ DELESE	1.1 TI					ondings	, realization,
NAME	SALAMON, BARRY		1.2 N		ADDDESS				1
STREET ADDRESS	15860 SICILY TERRACE WELLINGTON FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	WELLINGTON PL	☐ DELETE	2.1 TI		- ZIP			Change	Addition
NAME			2.2 N						_
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NAME			3.2 N	AME					
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TITLE		☐ DELETE	4,1 Ti	TLE				Change	e
NAME			4. 2 N	AME					
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NAME			5.2 N						(
STREET ADDRESS					ADDRESS				1
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TITLE		☐ DELETE	6.1 TI					Change	Addition
NAME			6.2 N						
STREET ADDRESS			6.3 \$7	TREET	ADDRESS				

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.

CR2E034 (11/98)