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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000037617 (3)

1. Corporation Name

MUNCHIES SPIRITS & EATS, INC.

Principal Place of Business

486 WOODS EDGE ROAD
ORANGE CITY FL 32763

Mailing Address

486 WOODS EDGE ROAD
ORANGE CITY FL 32763-5524

3. Date Incorporated or Qualified

05/01/1996

3a. Date of Last Report

—

2. Principal Place of Business

21 612 E. Intl. Spdwy. Blvd.

2a. Mailing Address

26 SAME

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Daytona Beach, FL.

28 City & State

—

24 Zip

32118

25 Country

Volusia

29 Zip

—

30 Country

—

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CHAKRIN-VESPI, KIMBERLY
529 N ATLANTIC AVE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name

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

83

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 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

Kimberly A. Chakrin

Kimberly A. Chakrin

4/24/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Vice President	☒ DELETE
NAME	Kimberly Chakrin John Vespi	
STREET ADDRESS	486 Woods Edge Rd	
CITY - ST - ZIP	Orange City, FL. 32763	
TITLE	Secretary	☒ DELETE
NAME	Richard Martinson	
STREET ADDRESS	2821 Condie Ave	
CITY - ST - ZIP	Daytona, FL. 32725	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☐ Addition
1.2 NAME	Kimberly Chakrin	
1.3 STREET ADDRESS	486 Woods Edge Rd	
1.4 CITY - ST - ZIP	Orange City, FL. 32763	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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:

Kimberly Chakrin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 904 253 1551

DATE

DAYTIME PHONE #

CR2E034 (9/96)