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

PROFIT CORPORATION ANNUAL REPORT

**19**98

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046282 (5)

| DESIGI<br>Principal Place   | N A CUISINE, INC.                                   | Mailing Address                                  |                                |   |
|---|---|--|--------------------------------|---|
| 9000 B ORYSTAL OF E PALM HARBOR PL 94004 US   |   | 33898 CRYSTAL CT E<br>Palm Harbor FL 34884<br>US |                                | DO NOT WRITE IN THIS SPACE  |
|   |   |  |                                | 3. Date incorporated or Qualified   |
| 2. Principal P  | lace of Business                                    | 2a. Mailing Address                              |                                | 05/24/1996 4. FELNumber Applied For   |
| 21 455  | ALT-19 S.   | 26 455 ALT                                       | -195                           | 4. FELNumber Applied For S9-3380620 Not Applied For   |
| Suite, Apt.   | '2  | Suite, Apt #, etc.                               |                                | 5. Certificate of Status Desired S8.75 Additional Fee Required                                      |
| City & Stat   | HARBOR E  | City & State 28 PALM HARD                        | SOR FL                         | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                  |
| Zip<br>24 346   | 83 Country USA                                      | <sup>Zip</sup> 34683                             | Country                        | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |
| 24 7 10   | 9, Name and Address of Current                      | · · · · · · · · · · · · · · · · · · ·            | 30                             | 10. Name and Address of New Registered Agent  |
| THIOIDEC CTAROO FOO   |   |  |                                | MARCUS V. DEVOTO  |
| 800 NORTH BELCHER ROAD, SUITE 4<br>CLEARWATER FL 34825  |   |  | 82 Street                      | Address (P.O. Box Number is Not Acceptable)   |
|   |   |  | 83                             | # 72  |
|   |   |  | 84 City P                      | ALM HARBOR FL 85 Zip Code 34683   |
| 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 register office or registered again. 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 the accept of obtains of, Section 607.0505, Florida Statutes. |   |  |                                |   |
| agent. I am familiar with refra accept to Cobligations of, Section 607.0505, Florida Statutes.  SIGNATURE   |   |  |                                | 4-13-98   |
| SIGNATURE   | Signature, types or printed name of sugistered ager |  | Registered Agent signature     | required when reinstating) DATE   |
| 12.   | OFFICERS AND  |  | 13.                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  P S D Addition                                   |
| TITLE<br>NAME   | PSD<br>DEVOTO, MARCUS VALENTI                       | L_] DELETE                                       | 1.1 TITLE<br>1.2 NAME          | PSD DEVOTO, MARCUS V.   |
| STREET ADDRESS  | 3980B CRYSTAL CT E                                  |  | 1.3 STREET ADDRESS             | 455 ALT .19 S., # 72  |
| CITY-ST-ZIP   | PALM HARBOR FL                                      |  | 1.4 CITY-ST-ZIP                | PALM HARBOR FL 34683  |
| TITLE   |   | ☐ DELETE   | 2.1 TITLE                      | ☐ Change ☐ Addition   |
| NAME  |   |  | 2.2 NAME                       |   |
| STREET ADDRESS  |   |  | 2.3 STREET ADDRESS             |   |
| CITY-ST-ZIP   |   |  | 2. 4 CITY - ST - ZIP           |   |
| TITLE   |   | ☐ DELETE   | 3.1 TITLE                      | Change Addition   |
| NAME  | ,   |  | 3.2 NAME                       |   |
| STREET ADDRESS  |   |  | 3.3 STREET ADDRESS             |   |
| CITY-ST-ZIP   |   | DELETE   | 3.4. CITY - ST - ZIP           | Change Addition   |
| TITLE   |   | C Attrit   | 4.1 TITLE                      | ☐ Change ☐ Addition   |
| NAME<br>STREET ADDRESS  |   |  | 4.2 NAME<br>4.3 STREET ADDRESS |   |
| CITY-ST-ZIP   |   |  | 4.4 CITY-ST-ZIP                |   |
| TITLE   |   | ☐ DELETE   | 5.1 TITLE                      | ☐ Change ☐ Addition   |
| NAME  |   | _  | 52 NAME                        |   |
| STREET ADDRESS  |   |  | 5 3 STREET ADDRESS             |   |
| CITY-ST-ZIP   |   |  | 5.4 CITY - ST - ZIP            |   |
| TITLE   |   | ☐ DELETE   | 6.1 TITLE                      | Change Addition   |
| NAME  |   |  | 6.2 NAME                       |   |
| STREET ADDRESS  |   |  | 6.3 STREET ADDRESS             |   |

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 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 indicated.

4/13/98

**FILED** 

Apr 20 1998 8:00am

Secretary of State