

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90023 002 \*1,561.25

**DOCUMENT # P96000096519**

1. Corporation Name

**FLORIDA FOOD & ATTRACTIONS, INC.**



Principal Place of Business

4975 PONCE DE LEON  
SUITE 302  
MIAMI FL 33146  
US

Mailing Address

4975 PONCE DE LEON  
SUITE 302  
MIAMI FL 33146  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1996

4. FEI Number

59-3416092

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4625 Ponce de Leon  
Suite, Apt. #, etc.

2a. Mailing Address

26 4625 Ponce de Leon  
Suite, Apt. #, etc.

22 Suite, Apt. #, etc.  
City & State

27 Suite, Apt. #, etc.  
City & State

23 Miami, FL  
Zip Country

28 Miami, FL  
Zip Country

24 33146 25 DADP

29 33146 30 DADP

9. Name and Address of Current Registered Agent

ALLEN, R. KEITH  
4975 PONCE DE LEON  
SUITE 302  
MIAMI FL 33146

10. Name and Address of New Registered Agent

81 Name R. K. ALLEN

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

83 4625 Ponce de Leon  
Suite 302

84 City Miami

FL

85 Zip Code 33146

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

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 PD  
NAME COLLINS, BARRY J  
STREET ADDRESS 6101 SW 76TH ST.  
CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 60576612538  
Date Daytime Phone #

CR2E034 (11/98)