


FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # P97000011456 (5)						
1. Corporation Name DAN'S CUISINE, INC.						
Principal Place of Business 11914 COTTENEATER COURT ORLANDO FL 32837			Mailing Address 11914 COTTENEATER COURT ORLANDO FL 32837			
2. Principal Place of Business		2a. Mailing Address				
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				
22 City & State		27 City & State				
23 Zip Country		28 Zip Country				
24 25		29 30				
9. Name and Address of Current Registered Agent						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					81	Name
					82	Street Address
					83	
					84	City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the owner of the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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)						
12. OFFICERS AND DIRECTORS						
13.						
TITLE		D		1.1 TITLE		
NAME		LITTLEFIELD, DANIEL J		1.2 NAME		
STREET ADDRESS		11914 COTTENEATER COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP		ORLANDO FL 32837		1.4 CITY-ST-ZIP		
TITLE		D		2.1 TITLE		
NAME		LITTLEFIELD, MARSHA C		2.2 NAME		
STREET ADDRESS		11914 COTTENEATER COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP		ORLANDO FL 32837		2.4 CITY-ST-ZIP		
TITLE				3.1 TITLE		
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4 CITY-ST-ZIP		
TITLE				4.1 TITLE		
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE				5.1 TITLE		
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE				6.1 TITLE		
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP				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)(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 in an attachment with an address.

SIGNATURE: *James O. Littlefield*

2/17/98 407-851-3771

CR2E034 (10/97)