## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

2a. Mailing Address

PARENC RECLINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14501 ROSEWOOD ROAD

MIAMI LAKES FL 33014-2655

**PROFIT CORPORATION** ANNUAL REPORT

1999

Principal Place of Business 14501 ROSEWOOD ROAD

MIAMI LAKES FL 33014-2655

2. Principal Place of Business

SIGNATURE: \_



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000013260

INTERACTIVE DINING SOLUTIONS, INC.

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional			
2	<del></del>	27				Fee Required			
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Coun	itry	8. This corporation owes the curre	ent year			
4	25	29	30		Intangible Personal Property.	Yes No			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	legistered Agent			
			[1	81 Name					
	i, SAM		H	82 Street Address (P.O. Box Number is Not Acceptable) . 83					
	11 ROSEWOOD ROAD								
MIAN	II LAKES FL 33014-2655								
			L						
			Ι,	84 City		FL 85 Zip Code			
office or	t to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	authorized	by the corporat	oration submits this statement for the pulion's board of directors. I hereby accept	rpose of changing its registered of the appointment as registered			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (Ne	OTE: Registere	ed Agent signature rec	quired when reinstating)	DATE			
12.	OFFICERS AN	<del></del>	13.	<u></u>		FICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1,1 THL	.E		Change Addition			
NAME	LING, P	_	1.2 NAM	AE					
STREET ADDRESS :	329 SARTO AVE		1.3 STR	EET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CIT	Y-ST-ZIP					
TITLE	В	DELETE	2.1 TITL			Change Addition			
NAME	LING, S		2.2 NAM	4E		_ , _			
STREET ADDRESS	14501 ROSEWOOD RD		2.3 STR	EET ADDRESS					
CITY-ST-ZIP	MIAMI LKS FL 33014		2.4 CITY	Y-ST-ZIP					
TITLE		DELETE	3.1 TITL			- Change Addition			
NAME	{	<b>—</b> =-	3.2 NAM	AE .					
STREET ADDRESS			3.3 STR	EET ADDRESS					
CITY-ST-ZIP			3.4 CITY	Y-ST-ZIP		·			
TITLE		DELETE	4.1 TITL	E		Change Addition			
NAME			4.2 NAM	AE					
STREET ADDRESS			4.3 STRI	EET ADDRESS					
CITY-ST-ZIP			4.4 CITY	Y-ST-Z(P					
TITLE		DELETE	5.1 TITL	.E		Change Addition			
NAME :			5.2 NAM	AE		-			
STREET ADDRESS			5.3 STR	EET ADDRESS					
CITY-ST-ZIF			5.4 CITY	Y-ST-ZIP					
TITLE		DELETE	6.1 TITL	E		Change Addition			
NAME			6.2 NAM	ME (		- —			
STREET ADDRESS			6.3 STR	EET ADDRESS					
CITY-ST-ZIP			6.4 CITY	r-ST-ZIP					
14. I hereby co indicated of an officer	on this annual report or supplemental :	annual report is true and accu ceiver or trustee empowered to	he exempt	ion stated in sec	ction 119.07(3)(i), Florida Statutes. I furt e shall have the same legal effect as if equired by Chapter 607, Florida Statute	made under oath; that I am			

**FILED** Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90008 042 \*\*\*150.00

. Date	Incorporated	O NOT WRIT or Qualified	E IN THI	IS SPA	CE		
	1/1997 Number						
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	ficate of Statu	s Desired		\$		Addition	al
Flec	ion Campaign	Financing				equired May Be	
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P.O. B	ox Number is	Not Acceptat	ole)	•			
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subm	ts this statement of directors. I h	ent for the pur	pose of	changii	ngitsre	egistered	
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305-520-8114

Daytime Phone #

## 587964-90008-42 P97000013260

Interactive Dining Solutions

. To Whom it may concern.

We did not receive the first notice We applosize for the delay.

> Sincerely, Sam Ling