

FILE NOW: FILING FEE AFTER MAY 1 IS

FILED

May 22 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 # ~~P95000018700~~ (1)

1. Corporation Name

TIJUANA FLATS Hot Foods Incorporated  
P97000013594

Principal Place of Business

1658 MAJESTIC OAK DR.  
APOPKA FL 32712

Mailing Address

1658 MAJESTIC OAK DR.  
APOPKA FL 32712

3. Date Incorporated or Qualified  
03/06/1995

3a. Date of Last Report  
1997

2. Principal Place of Business

21 2431 Aloma Ave.

2a. Mailing Address

26 2431 Aloma Ave

4. FEI Number

59-342 401

Applied  
Not App

22 Suite, Apt. #, etc.

Stc. 246

27 Suite, Apt. #, etc.

Stc. 246

5. Certificate of Status Desired

☐ \$8.75 Additl  
Fee Required

23 City & State

Winter Park, FL

28 City & State

Winter Park, FL

6. Election Campaign Financing

☐ \$5.00 May  
Added to Fee

24 Zip

32792

25 Country

USA

29 Zip

32792

30 Country

USA

8. This corporation has liability for intangible tax under s 199.03:

Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WHEELER, BRIAN J  
1658 MAJESTIC OAK DR.  
APOPKA FL 32712

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 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 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 ☐ DELETE  
NAME WHEELER, BRIAN J  
STREET ADDRESS 1658 MAJESTIC OAK DR.  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ DELETE  
NAME WHEELER, CHESTER F  
STREET ADDRESS 1658 MAJESTIC OAK DR.  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☒ DELETE  
NAME WHEELER, JANICE M  
STREET ADDRESS 1658 MAJESTIC OAK DR.  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ DELETE  
NAME FLORES, SCOTT  
STREET ADDRESS 1658 MAJESTIC OAK DR.  
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE ☐ Change ☒ Add  
1.2 NAME Wheeler Rachel  
1.3 STREET ADDRESS 1658 majestic oak Dr.  
1.4 CITY-ST-ZIP Apopka FL 32712

2.1 TITLE ☐ Change ☐ Add  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add  
6.2 NAME 700002534837  
6.3 STREET ADDRESS -05/26/98--01035--048  
6.4 CITY-ST-ZIP \*\*\*150.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Brian J. Wheeler

5/1/98

417-679-503