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 # ~~P35000010700~~ (1)

1. Corporation Name
TIJUANA FLATS Incorporated.
P97000035595

Principal Place of Business	Mailing Address
1658 MAJESTIC OAK DR. APOPKA FL 32712	1658 MAJESTIC OAK DR. APOPKA FL 32712

3. Date Incorporated or Qualified: ~~[illegible]~~ 2/7/97
3a. Date of Last Report: 1997

2. Principal Place of Business
21: 444 S Hunt Club Blvd.
22: Suite, Apt. #, etc.
23: City & State: Apopka, Fl
24: Zip: 32703 25: Country: USA

2a. Mailing Address
26: 2431 Aloma Ave.
27: Suite, Apt. #, etc.: Ste. 246
28: City & State: Winter Park, Fl
29: Zip: 32792 30: Country: USA.

4. FEI Number: 59-3426895 ☐ 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 has liability for intangible tax under s 199.032, 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEELER, BRIAN J 1658 MAJESTIC OAK DR. APOPKA FL 32712	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Wheeler, Rachel 1658 Majestic Oak Dr. Apopka, Fl 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEELER, CHESTER F 1658 MAJESTIC OAK DR. APOPKA FL 32712	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEELER, JANICE M 1658 MAJESTIC OAK DR. APOPKA FL 32712	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3. STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORES, SCOTT 1658 MAJESTIC OAK DR. APOPKA FL 32712	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	900002534839 -05/26/98--01035--049 ***150.00	☐ Change ☐ Addition

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 5/1/98 407-679-3003