PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	D070001	2661
1. Composition Name	P3100001	JOU

AMFIT SPICES, INC.

Principal Place of Business

4451 PARK BREEZE CT

Mailing Address 7390 SAND LAKE RD **FILED**

Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90001 009 ***150.00 08-19-1999 90011 016 ***400.00

SUITE 500 STE 500 ORLANDO FL 32808 ORLANDO I		STE 500 ORLANDO FL 32819			DO NOT WE	DO NOT WRITE IN THIS SPACE			
US	ecopo	118			3. Date Incorporated or Qualife	1			}
	^				· \ 02/10/1997				1
2. Principal Pl	ace of Business	2a. Mailing Address			4 EEI Number		Ar	plied For]
21		26 8191 TERR	42	A CI.	59-3427570		No	t Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Cartifcate of Status Desired		\$8.75 / Fee Re		
City & State	•	City & State			6. Election Campaign Financing		\$5.00	May Be	1
23	<u> </u>	28 ORLANDO), F	-2.	Trust Fund Contribution		Added	o Fees	
Zip	Country	Zip C 2 C	Cont	itry	8. This corporation owes the cu	rrent year int	angible -		}- ~
24	25	29 328 <u>36</u> 30	[(ISA	Personal Property Tax.		Yes	□No	_
	9. Name and Address of Current F	Registered Agent	-1		10. Name and Address of New				4
5401	E, PAUL C SOM	e agent but ent address		536	Address IP O. Box Number is Not Accept CONROY RD. S		140		
	E 5000 d. 14 ec	en chares	<u> </u>	83	· · · · · · · · · · · · · · · · ·				ł
OBL	4MDO FL 32819	_	-	84 City	PRLANDO	FL	85 Zip	811	1
11. Pursuant 1	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the ab	ove-named	corporation submits this statement for the	purpose of	changing its	registered	1
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligation	Florida. Such change was auth	onzed	by the compo	oration's board of directors. I hereby acc	pt the appoi	ntment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent #	nd title if apolicable. (NOTE: Rac	attered A	Loent Monature n	equired when reinstating)	DATE			≈
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O	FICERS AN	D DIRECTO	RS IN 12	5
TITLE '	D	☐ DELETE	1.1 1111	£			Change	Addition	CR2E034 (11/98)
NAME	GURBISZ, STANISŁAW		1.2 NA	Æ					Ø
STREET ADDRESS	LEUTHOLDGASSE 5A		1.3 STR	EET ADDRESS	-				l Ö
C/TY-ST-ZIP	1220 WIEN AUSTRIA		1.4 C/D	/- ST-ZIP					2
me	D	☐ DELETE	21 TITL				☐ Change	☐ Addition	O
NAME	GURBISZ, ALINE		22 NAN	Æ					Ì
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CITY-ST-ZIP	1220 WIEN AUSTRIA		2.4 CIT	Y-ST-23P				i	j
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"CITY-ST-ZEP"			3.4. CIT	Y-57-ZIP	- -		_		1_
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NAME			4.2 NA	ME				ı	
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CTTY-ST-ZIP			44 C/I	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL	E			Change	Addition	i
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CITY-ST-ZIP			5.4 CITS	r-\$T- ZIP					ŀ
TITLE		☐ DELETE	6.1 TI7L	É			☐ Change	Addition	
NAME			6.2 NAW	Æ Ì					
STREET ADDRESS			6.3 STR	EET ADDRESS					i
C/TY-ST-ZIP				r-\$17-ZBP					ĺ
14. I hereby c	ertify that the information supplied with i	this filing does not qualify for the	exem	ption stated	in Section 119.07(3)(i), Florida Statutes	I further cert	ify that the in	nformation	

indicated on this annual report of supplemental armulal 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 excute this report as required by Chapter 807, 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.