## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000019814

STREET ADDRESS

SMALL FRY CARROUSEL, INC.						
OTHER TITE OTHER OCCUPANTS						A1 60 (0) 1(0) 0 60 (0)
Principal Place of Business Mailing Address						DI 10181 11811 0101 1001
20241 NE 10TH NO MIAMI BEA		20241 NE 10TH COURT NO MIAMI BEACH FL 33179				
		•		•	DO NOT WRITE IN THIS SPACE	Έ
					3. Date Incorporated or Qualifed 02/26/1997	
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	Applied For
21	26				65-0738813	Not Applicable
27		Suite, Apt. #, etc.			LE Cortitoste et Status Desired III	.75 Additional ee Required
City & State		City & State				5.00 May Be dded to Fees
Zip         Country         Zip           4         25         29		<b>├</b>	Country 30		8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
81 Name						
JACOBSON, STEWART ESQ 950 SO FEDERAL HIGHWAY			8	82 Street Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33020			8	83		
			L	84 City 85 Zip Code		
				4 City	FL  85	Zip Code
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	if Florida. Such change was au	ithorized b	y the corporat	poration submits this statement for the purpose of chang ion's board of directors. I hereby accept the appointment	ing its registered as registered
SIGNATURE						,
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ent signature requir	ed when reinstating):  ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTOPS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIR	
NAME	ISRAEL, ROBERT		1.2 NAME	i		· –
STREET ADDRESS	Leady NE ARTHOUGH			ET ADDRESS		• •
CITY-ST-ZIP	NO MIAMI BEACH FL 33179		1.4 CITY-	,		`
TITLE	D	☐ DELETE	2.1 TITLE			hange Addition
NAME	ISRAEL, KKATHLEEN		2.2 NAME	<u> </u>	•	-
STREET ADDRESS			2.3 STREET ADDRESS		•	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	<u> </u>	2. 4 CITY	-ST-ZIP	<u> </u>	
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NAME TO STATE	( , , ,		4. 2 NAME	E	•	
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CITY-ST-ZIP		<u></u>	4.4 CITY-			
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NAME			5.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	UNCLEASE.	☐ DELETE	5.4 CITY- 6.1 TITLE			nange
NAME	2.24	U DELETE.	6.2 NAME		U C	mage Dividence

**FILED** Jan 28, 1999 8:00am **Secretary of State** 

01-28-1999 90058 016 \*\*\*150.00

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS