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PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032753 (0)

MARTINA'S GERMAN CUISINE INC

FILED

May 07 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 9277 SEMINOLE BLVD. 9277 SEMINOLE BLVD. **SEMINOLE FL 33772** SEMINOLE FL 33772 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1997 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RAMSBURG, DONALD P 712 73RD AVENUE NORTH 62 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33702 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed marks of registered agend and bite it applies able (NOTE_fileg stered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE 1 1 TBLE Change Addition NALE PSARRAS, MARTINA M 1.2 NAME **STREET ADDRESS** 9277 SEMINOLE BLVD. 1.3 STREET ADDRESS SEMINOLE FL 33772 CITY-ST-ZIP 1,4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE Change Addition SEIDEL, KLAUS H NAME 2.2 NAME STREET ADDRESS 9277 SEMINOLE BLVD. 2.3 STREET ADDRESS SEMINOLE FL 33772 CITY-ST-ZIP 2 4 City - ST - ZiP DELETE TITLE 3 1 TITLE ☐ Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4. 2 NAME **STREET ADDRESS** 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST- ZIP DELETE Change 61 TITLE Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 supplierrental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

04/28/98 (813/3190082