

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 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 # P97000045302 (1)
1. Corporation Name

TACO KAP, INC.



Principal Place of Business

384 RANDAL BLVD
NAPLES FL 34120

Mailing Address

384 RANDAL BLVD
NAPLES FL 34120

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

59-3468729

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2626-3 E. Tamiami Tr

22 City & State

27 City & State

23 Zip

Country

28 Naples, FL

Zip

Country

24

25

29

34112

30

USA

9. Name and Address of Current Registered Agent

CARTER, ROBERT
384 RANDAL BLVD
NAPLES FL 34120

10. Name and Address of New Registered Agent

81 Name

Richard Schonder

82 Street Address (P.O. Box Number is Not Acceptable)

2626-3 E. Tamiami Tr

83

84 City

NAPLES

FL

85 Zip Code

34112

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Richard Schonder 9/18/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME CARTER, ROBERT
STREET ADDRESS 2488 MILL CREEK LANE #101
CITY-ST-ZIP NAPLES FL 34119

☒ DELETE

TITLE D
NAME ENNIS, PETER
STREET ADDRESS 27987 TEMPLE TERR
CITY-ST-ZIP BONITA SPGS FL 34135

☐ DELETE

TITLE D
NAME SCHONDER, RICHARD
STREET ADDRESS 27987 TEMPLE TERR
CITY-ST-ZIP BONITA SPGS FL 34135

☐ DELETE

TITLE DIRECTOR
NAME VAZ, Mauricio
STREET ADDRESS 18230 Heather Rd
CITY-ST-ZIP Ft Myers, FL 33942

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

9/18/98 9/18/98

CR2E034 (5/98)