**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000046248

1. Corporation Name

FOOD & LOTTO, INC.

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90149 036 \*\*\*150.00



Principal Place	of Business	Mailing Address			
1 S. SEMORAN BLVD.		1 S. SEMORAN BLV	D.		
ORLANDO FL 32807		ORLANDO FL 32807	ORLANDO FL 32807		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					06/01/1997
2 Principal Pl	ace of Business	2a. Mailing Addres			4. FEI Number Applied For
21		26			59-3448230 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	Ç.		5. Certificate of Status Desired  \$8.75 Additional
22	· <del></del>	27			5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip		ountry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	<ol><li>Name and Address of Curr</li></ol>	ent Registered Agent		1041 11	10. Name and Address of New Registered Agent
CHA	NC OK 6			81 Nan	e
CHANG, OK S				82 Stre	et Address (P.O. Box Number is Not Acceptable)
1 S. SEMORAN BLVD. ORLANDO FL 32807					
UHD	ANDU PL 32807			83	
				84 City	85 Zip Code
					FL <sup>65</sup> 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
11. Pursuant i - office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607.1508, Florida te of Florida: Such change gations of, Section 607.05	Statutes, the was authoriz 5, Florida St	above-named above-	d corporation submits this statement for the purpose of changing its registered poration's board of directors. Thereby accept the appointment as registered
SIGNATURE		•			
0.0	Signature, typed or printed name of registered a				re required when reinstating) DATE
12.		AND DIRECTORS		3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DEL	1	I TITLE	
NAME	CHANG, OK S			NAME	
STREET ADDRESS	1 S. SEMORAN BLVD.			STREET ADDRE	S
CITY-ST-ZIP	ORLANDO FL 32807	C pc		CITY-ST-ZIP	Change Addition
TITLE		☐ DEL		ITITLE	
NAME	. •			NAME	
STREET ADDRESS				S STREET ADDRE	S
_CITY-ST-ZIP				4 CITY-ST-ZIP _	Change Addition
TITLE		□ DEL	•	I TITLE	
NAME				NAME	
STREET ADDRESS	,			STREET ADDRE	38
CITY-ST-ZIP				4. CITY-ST-ZIP	Change Addition
TITLE		☐ DEL	E1E ∰ 4.1	1 TITLE	E Grange C Addition

6.4 CITY-ST-ZIP 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 chapted, or on an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

Change

Change

☐ Addition

☐ Addition