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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700052116

Country

9. Name and Address of Current Registered Agent

25

KUUSELA. MAURICE A

5765 NW 24 STREET

MARGATE FL 33063

MENU MANAGEMENT COMPANY, INC.

Principal Place of Business 5765 NW 24 STREET MARGATE FL 33063

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

TITLE

NAME

TITI E

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Zip

Mailing Address

5765 NW 24 STREET MARGATE FL 33063

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

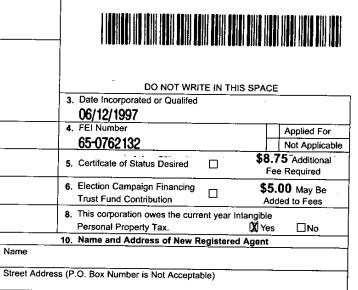
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FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90003 017 ***150.00



85

Change

Change

☐ Change

☐ Addition

Addition

☐ Addition

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

81

82

83 84 City

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition KUUSELA, MAURICE A NAME 1.2 NAME **5765 NW 24 STREET** STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change ☐ Addition KUUSELA, LINDA L NAME 2.2 NAME **5765 NW 24 STREET** STREET ADDRESS 2.3 STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

☐ DELETE

954-970-4387

(11/98) CR2E034