

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 03, 1999 8:00 am
Secretary of State
09-03-1999 90003 047 ***150.00

DOCUMENT # P97000059578

1. Corporation Name
THE KITCHEN SPOT, INC.



Principal Place of Business
760 SW 50TH AVE.
MARGATE FL 33068

Mailing Address
760 SW 50TH AVE.
MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1997

4. FEI Number
65-0764070

Applied For
Not Applicable

2. Principal Place of Business
3601 W Commercial Blvd
Suite 22
Fort Lauderdale FL
33309
Broward

2a. Mailing Address
Same change
3601 W Commercial Blvd
Suite 22
Fort Lauderdale FL
33309
Broward

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 the current year
Intangible Personal Property.
Yes No

9. Name and Address of Current Registered Agent
ESPOSITO, FRANCES
760 SW 50TH AVE.
MARGATE FL 33068

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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.

SIGNATURE
8/28/99

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ESPOSITO, FRANCES
STREET ADDRESS	760 SW 50TH AVE.
CITY-ST-ZIP	MARGATE FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	ESPOSITO, FRANCES
1.3 STREET ADDRESS	103 MEADOWLARK TERR P.O. Box 1321
1.4 CITY-ST-ZIP	Murphy, N.C. 28906
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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

CR2E034 (5/99)

P97000059578
612376-9000347

Miami, August 31, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

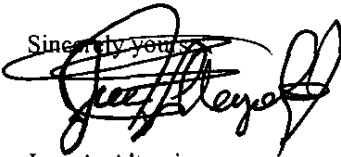
To Whom It May Concern:

Enclosed find a check in the amount of \$150.00 dollars because this is the first time I received this notice

Of payment for the annual fees I do not believe I am liable for the penalty when this is the first time I

Receive this notice.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Jose A. Altamirano", written over the printed name below.

Jose A. Altamirano