FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000070086 (8)

EVERYTHING BUT THE KITCHEN SINK, INC.

Principal Place of Business

Mailing Address

FILED May 15 1998 8:00am Secretary of State



4710 CHEYENNE POINTE TRAIL KISSIMMEE FL 34746 KISSIMMEE FL 34746									
RISSIMMEETE STATO						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified			
						08/12/1997		ì	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A;	pplied For	
21 4710	CHEYENNE PITA	26 4710 CH	EYE.	سكالم	P	M 59-3466236	N:	ot Applicable	
Sulte, Apt.		Suile, Apl. #, etc.					\$8.75	Additional	
27						5. Certificate of Status Desired	Fee Ro	equired	
City & Stat	y & State City & State					6. Election Campaign Financing	\$5.00	Мау Ве	
23 K15	SIMMEE FL		SSIMMEE			Trust Fund Contribution	Added to Fees		
Zip _	Country	Zip	Count			8. This corporation owes or has paid the cu	corporation owes or has paid the current year Intangible		
24 347		1 = 1	30	USA				No	
	9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent Name 81 Name								
	essi, anthony j		6	1 Name					
KISSIMMEE FL 34748				82 Street Address (P.O. Box Number is Not Acceptable)					
				_			· · · · · · · · · · · · · · · · · · ·		
I			8	3					
			8	4 City	_		85 Zip	Code	
**			<u>.</u>			<u> FL</u>	<u> </u>		
11. Pursuant office or r	to the provisions of Sections 607.0502 a registered agent, or both, in the State of	and 607.1508, Flori da Sta tute - Florida - Such cha nge wa s au	s, the abo Jihorized	ve-named by the corr	corpo	pration submits this statement for the purpose con's board of directors. I hereby accept the ap-	of changing it pointment as	ts registered registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
	Signature, typed or printed nature of registered agent a			gent signature	o required	d when reinstating) DATE	D DIDEOTOI	2011110	
12.	PRESIDENT OFFICERS AND I	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
1116	A HUM W ALCSC!						L Oliange	L_1 Addition	
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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 supplemental annual report is true and accurate and that my signature shall have the same legal 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 12 or Block 13 if changed, or on an attachment with an address.

8/25/48 INT 972 1344