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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

05-06-1999 90067 033 ***150.00

DOCUMENT # P97000074662 1. Corporation Name									
IN THE KITCHEN OF SAN MARCO, INC.									
Principal Place of Business			Mailing Address				T 19011001 FED 18314 ERDAT DOUGH ONTIL MATER DOGH (O DAY BABAN DILING DAYEN AND A		
1950 SAN MARI JACKSONVILLE		1950 SAN MARCO BLVD JACKSONVILLE FL 32207					DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
	·	No. 10 and Add					08/28/1997 4. FEI Number Applied For		
2. Principal P	lace of Business		2a. Mailing Address				T		
21			26				59-3472242 Not Applicable \$8.75 Additional		
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required		
City & State	e		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip Cod			ry		8. This corporation owes the current year Intangible		
24	25	29	30				Personal Property Tax. Yes No		
9. Name and Address of Current Registered Agent				81 Name			10. Name and Address of New Registered Agent		
MORGAN, ROBERT M C/O FORD, JETER & BOWLUS, P.A. 10110 SAN JOSE BLVD JACKSONVILLE FL 32257				8		Street Address (P.O. Box Number is Not Acceptable)			
						City	FL 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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
SIGNATURE			mileable (NOTE: Pe	enietorod An	ant	eignatura r	equired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register OFFICERS AND DIRECTORS 13				,c.n.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1,1 TITLE	:		VP ☐ Change ☐ Addition			
NAME	BEER, DEBBY			1.2 NAME			JEFFRY BREK		
STREET ADDRESS	•		1.3 STRE	1.3 STREET ADDRESS		1950 SAN MARIO BLUD. JACKSONIUR PL J2207			
CITY-ST-ZIP			1.4 CITY-	1.4 CITY-ST-ZIP		JACKSOMILIR PL J2207			
TITLE			2.1 TITLE	2.1 TITLE		Change Addition			
NAME	22		2.2 NAME	2.2 NAME					
STREET ADORESS			2.3 STF		ET/	ADDRESS			
CITY-ST-ZIP	- A MARINE TO		2.4 CITY	2.4 CITY-ST-ZIP					
TITLE	☐ DELETE		3.1 TITLE	3.1 TITLE		☐ Change ☐ Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3 STRE	3.3 STREET ADDRESS					
U				3.4. CITY		-ZIP			
TITLE			□ DELETE	4.1 TITLE	Ξ		☐ Change ☐ Addition		

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.

4. 2 NAME

5.1 TTTLE

5.2 NAME

6.1 TITLE 6.2 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

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Addition

☐ Addition

☐ Change

Change

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