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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079988 (6)

MISS EMILY'S BED & BISCUIT, INC.

FILED									
Jan 21	1998	8:00am							
Secre	etary o	of State							

Principal Plac	ce of Business	Mailing Address			1 10011001 110 1011	1 2001) WEIL WOLL	TAINI ABNII IBAIA I		9101 (BIL 1991
9120 YORY		3126 YORYCH LANE							
6307	E COLONIAL DAINE !	ORLANDO FL 32822	160 b. #		DO NOT WRITE IN THIS SPACE				
				102	3. Date Incorporated or Qualified				
	0, FL 32807	ORLANDO, PL	-32807		09/16/1997				
- CO.	Place of Business	26. Mailing Address 26 5307 6.0	olonial Dr	_	4. FEI Number	3468	215	IA	pplied For
21 <b>9.00</b> ( Suite, Apt.	<u> </u>	26 5307 5,00 Suite, Apt. #, etc.	DINNING DE		EL 14 54.	י שדנ			ot Applicable
22 / O	2	27 102			5. Certificate of Sta	tus Desired		•	Additional equired
23 OR(	ANDO, FL	28 OFLAND	, FC		6. Election Campaid Trust Fund Contr			-	May Be to Fees
Zip 24 3200	Country ORANGE	21917	Country		<b>B.</b> This corporation			· -	¬ ~
24 3/80	9. Name and Address of Curre		30 OKASUS-		Personal Propert 10. Name and Addr				_l No
A	MERILAWYER CHARTERED	int togratorou Agont	81 Name		10. Hame and Addr	ESS OF HEW IN	Misrered Wh	BLIC	
	IS ALMERIA AVENUE		22						
	ORAL GABLES FL 33134		82 Street	Address	s (P.O. Box Number i	s Not Accepta	ole)		
	0.00 C 00.01		83						
			84 City				FL <sup>l</sup>	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statutes	s, the above-named	corpora	ation submits this stal	ement for the	o recess of ab	nanging it	s registered
agent. I a	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was au gations of, Section 607.0505, Flori	itnorized by the corp ida Statutes.	poration	is board of directors.	I hereby acce	pt the appoin	tment as	registered
SIGNATURE									
	Signature, typed or printed name of registered ag		Registered Agent signature	required v			DATE		
12.	PSTD OFFICERS AF	ND DIRECTORS  DELETE	13.	1.,	ADDITIONS/CHAN	IGES TO OFFI			
NAME	BERRY, EMILY C	- Detele	1.1 TITLE 1.2 NAME	V	LIL R. BE!	RRY		] Change	Addition
STREET ADDRESS	3126 YORYCH LANE		1.3 STREET ADDRESS	327	D JW Isl	AND WAY	1		
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CITY - ST - ZIP	Dal	m city.	F/ 23	1490		
TITLE	D	DELETE	2.1 TITLE	4.74	-111	. ر ۱		Change	Addition
NAME	arkowitz, erica		2.2 NAME					•	_
STREET ADDRESS	3126 YORYCH LANE		2.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32822		2. 4 CiTY+ST+ZIP						
TITLE		☐ DELETE	31 TITLE					Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		*****				1
NAME		בין מנונונ	4.1 TITLE				Ц	Change	Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME				_		
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 City - St - ZiP						
TITLE		DELETÉ	6.1 TITLE					Change	Addition
NAME			: 6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP		N 20	6.4 CITY-ST-ZIP						
indicated	ertify that the information supplied von this annual report or supplement	al annual report is true and accur-	ate and that my sign	nature e	hall have the came le	mal affact as if	made under	anth: tha	tlom on
onicer or o	director of the corporation or the record Block 13 if changed, or on an atta	elver or trustee empowered to exc	ecute this report as	require	d by Chapter 607, Flo	orida Statutes;	and that my r	name app	iears in