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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u>1998</u>

DOCUMENT #

P97000080165 (8)

## FILED Mar 26 1998 8:00am Secretary of State

THE WEST INDIAN ROTI AND SPICE SHOP, INC. Principal Place of Business Mailing Address 1202 SOUTH M STREET 1202 SOUTH M STREET LAKE WORTH FL 33460 LAKE WORTH FL 33460 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1997 2. Principal Place of Business 2a. Mailing Address Applied For 3/8/98 21 26 120001CD Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Zip No Yes 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARTIN E. WASHOFSKY, E.A., P.A. 4360 NORTHLAKE BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 205** 83 PALM BEACH GARDENS FL 33410 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE **BICKAROO, JENNIFER** 1.2 NAME NAME 1202 SOUTH M STREET STREET ADORESS 1.3 STREET ADDRESS LAKE WORTH FL 33460 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE D 2.1 TITLE **GANASSIE, TRACY** 2.2 NAME NAME 1202 SOUTH M STREET STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL 33460 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP 400002468764hange -03/26/98--01008--017 DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS \*\*\*1500.00 CITY-ST-ZIP 5.4 CITY-ST-ZiP DELETE 6.1 TITLE ☐ Change TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 donoration or the received to 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.

BARDEDI KICKMON / Thelese

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