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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700083788 (4)

FILED Feb 09 1998 8:00am Secretary of State

,	CHEFS CORP.				
Principal Plac	e of Business	Mailing Address		T TO BELOCK THE STREET LOOKE BOTTLE BOLLE BOLLE	18108 (F) 3 1988) 18481 18 11 1884
3131 66 STREET N STE A 3131 66 STREET N STE A ST PETERSBURG FL 33710 ST PETERSBURG FL 33710			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualified	10 OF AGE
				09/26/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 471	Marin ST.	26		59-3469798	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	• () · , , , ,	City & State		6. Election Campaign Financing	\$5.00 May Be
53 DAWA	ENLIN 1 PC	28	1	Trust Fund Contribution	Added to Fees
Zip 24 3469	Country	Zip	Country	8. This corporation owes or has paid the	
24 39 67	g. Name and Address of Curre	29 29 Acent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Ø Yes No
16	— 	ent negistered Agent	81 Name	10. Name and Address of New Hegistere	au Agent
LEWIS, MARK R			ļ <u>.</u>		
3131 66 STREET N STE A ST PETERSBURG FL 33710			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
OI.	FEIENDONG FE 33/ IV		63		
			84 City	F	85 Zip Code
	io the provisions of sections dor.ot				
SIGNATURE				proration submits this statement for the purpose ation's board of directors. I hereby accept the a	
SIGNATURE	Signature, typed or printed name of rogistered a	gent and title if appreable (Ni	OTE: Registered Agent signature req	quirod when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A				ND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable (N	OTE: Registored Agent signature req	quirod when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable (N	OTE: Registored Agent signature req	quirod when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A D LEWIS, MARK R SR	gent and title if applicable (N	OTE: Registored Agent signature req 13. 1.1 TITLE 1.2 NAME	quirod when reinstating) DATE	ND DIRECTORS IN 12
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4. 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 propagate 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 roceup or trust of employed and that my section is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an application of the corporation of the corporation of the corporation or the roceup or or trust of employed and the corporation of the
