

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
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FILED

98 OCT 29 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9700006 87859

1. Corporation Name

Creative Culinary Concepts, Inc 18 Seminole Street

Principal Place of Business

Mailing Address

STUART, FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/97

2. Principal Place of Business

2a. Mailing Address

21 DAMIANO'S

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 18 Seminole Street

27

City & State

City & State

23 STUART, FLORIDA

28

Zip

Country

Zip

Country

24 34994

25

U.S.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTHONY DAMIANO
52 N. SWINTON AVE
DELRAY BEACH, FL 33444

81

Name

LISA KAY DAMIANO

82

Street Address (P.O. Box Number is Not Acceptable)

18 Seminole Street

83

City

7

84

City

STUART

FL

85

Zip Code

34994

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]

LISA KAY DAMIANO

10/26/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
ANTHONY DAMIANO
52 N. SWINTON AVE
DELRAY BEACH, FL 33444

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VICE-PRESIDENT
JEANETTE ARONWITZ
6591 SKYLINE DRIVE
DELRAY BEACH, FL 33444

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SECRETARY
JACK ARONWITZ
6591 SKYLINE DRIVE
DELRAY BEACH, FL 33444

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

500002678675--1

-11/03/98-01024-008

*****61.25 *****61.25

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

PRESIDENT (From Treasurer)

LISA KAY DAMIANO

18 SEMINOLE STREET

STUART, FL 34994

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

LISA KAY DAMIANO 10/26/98 (56) 781-5859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)