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 # P97000092355 (1)

OAKWOOD BISTRO, INC.

Principal Place of Business

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



140 ESTATES CIRCLE LAKE MARY FL 32746					140 ESTATES CIRCLE Lake Mary FL 32746										
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												 Date Incorporated or Qualifie 10/24/1997 	ed		·
2. Principal Place of Business 2a. Mailing Address												4. FFI Number		A	pplied For
21 5285 RAD BUG LAKE ROAD						26 140 BSTATES GROWE						59-347503	4	N	ot Applicable
Suite, Apt. #, etc.						Suite, Apt. #, etc.						5. Certificate of Status Desired		* +	Additional equired
City & State	tra sprinus, FL.						City & State B LAUR MARY FL					Election Campaign Financing Trust Fund Contribution	,		May Be to Fees
Zip			ountry		_		Zip		Countr			8. This corporation owes or has	paid the cur	rent year in	tangible
24 3270				11407		29	32746	30	8131	411	NOLA	Personal Property Tax due J			No l
	_ 		\ddres	s of Curre	ent Re	gist	ered Agent				10. Name and Address of New	Registered a	Agent		
TABORI, GABRIEL										Na	Name				
140 ESTATES CIRCLE									82	Sir	reet Add	ss (P.O. Box Number is Not Accep	otable)		
LAKE MARY FL 32746										<u>l</u>					
									83	1					
									84	Cit	tu			85 Zip	Code
									07] "	·y		FL	65 210	
office or re	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 printe					- <u></u>	NOTE: Re		ent sigr	nature requi	when reinstating)	DATE		
12.	80 =			FICERS A	ND DI	REC			13.			ADDITIONS/CHANGES TO OF			
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STREET ADDRESS			•						6.3 STREET	ADDRI	ESS				
CITY-ST-ZIP	. •								64 CITY-S						
	ertify that the	infor	mation	eumblod	with th	ie fili	ing does not qualif	v for th			stated in	ection 119 07(3)(i) Florida Statute	s Uturther co	rtify that the	information

indicated on this annual report of 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.

CIGNIATUDE.

Consoner Torson

1/10/88

407-696-4544