

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90022 006 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000092355**

1. Corporation Name

**OAKWOOD BISTRO, INC.**



Principal Place of Business

**5285 REG BUG LAKE RD  
#129  
WINTER SPRINGS FL 32708  
US**

Mailing Address

**140 ESTATES CIRCLE  
LAKE MARY FL 32746  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/24/1997**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

4. FEI Number

**59-3475034**

Applied For

Not Applicable

**22** City & State

**27** City & State

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**23** Zip

Country

**28** Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

**24** Zip

Country

**29** Zip

Country

8. This corporation owes the current year  
Intangible Personal Property.



Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TABORI, GABRIEL  
140 ESTATES CIRCLE  
LAKE MARY FL 32746**

81 Name

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

83

84 City

**FL**

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **TABORI, GABRIEL**  
STREET ADDRESS **140 ESTATES CRICLE**  
CITY-ST-ZIP **LAKE MARY FL 32746**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **TABORI, TOUA**  
STREET ADDRESS **140 ESTATES CIRCLE**  
CITY-ST-ZIP **LAKE MARY FL 32746**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 REGABRIEL TABORI**

**8/29/1999**

**407-324-0071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P97000092355  
612004-90022-6

***Oakwood Bistro Inc.***

*140 Estates Circle , Lake Mary , Fl. 32746*

*Telph. (407)324-0071 , Fax (407)696-0096*

From the desk of : Gabriel Tabori

August 29<sup>th</sup>, 1999

Attention : Florida Department of State  
Annual Reports Filings  
--Division of Corporations  
Tallahassee , Fl. 32314

**Subject : Annual Report 1999 - Oakwood Bistro - Corp.# P97000092355**

Dear Sir,

I received a 1999 Profit Corporation Annual Report Packet that says "Second Notice" and also includes a fine for \$400.- for non filing on time the annual report .

I never received a "First Notice" and that is the reason that I did not file until now .

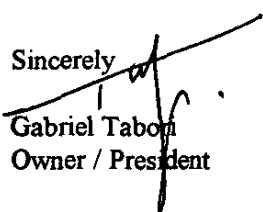
We are a small company and we cannot afford to pay fines the size requested . We are in business only the second year and we hardly meet our monthly expenses .

I called your office today and explained our situation . The lady that I spoke to advised me to write this letter and enclose a payment of \$ 150.- being the filing fee for 1999 .

I hope that you will reconsider our case and I appeal to you to waive the fine imposed on us .

I hope to receive your favorable reply .

Sincerely

  
Gabriel Tabori  
Owner / President