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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098607

1. Corporation Name

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90025 039 ***150.00

HORS D'	OEUVRES BY SYLVIA, INC.						
Principal Place	of Business	Mailing Address			1 1 1 1 1 1 1 1 1 1	(214) 18(18 6)	ı
•	IC AVENUE #101	1980 N. ATLANTIC AVENUE	#101				
COCOA BEACH FL 32931 COCOA BEACH FL 32931				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	<u> </u>	7
	à		_		11/19/1997		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	 	pplied For
21		26			59-3495106		lot Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \	7	Additional Required
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		_
24	25	29 3	0		Personal Property Tax.	Zfves	□No
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent	
SMIT	T, SYLVIA F		81	Name			
1980 N. ATLANTIC AVENUE #101			82	Street A	et Address (P.O. Box Number is Not Acceptable)		
COC	OA BEACH FL 32931		83				11 12
			84	City		FI 85 Zip	Code
office or re	o the provisions of Sections 607.0502 agistered agent, or both, in the State on a familiar with, and accept the obligation	if Florida, Such change was aut	nonzed by	the corpor	corporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as r	registered ·
office or re agent. I an SIGNATURE	gistered agent, or both, in the State on familiar with, and accept the obligation of	ons of, Section 607.0505, Floric and title if applicable (NOTE: R	nonzed by da Statutes Registered Ager	tne corpor	quired when reinstating).	TE	
office or re agent. 1 an SIGNATURE 3	gistered agent, or both, in the State on familiar with, and accept the obligation of the obligation of the obligation of the or printed name of registered agent of the obligation of the obliga	ons of, Section 607.0505, Floric and title if applicable (NOTE: R D DIRECTORS	nonzed by da Statutes Registered Agen	tne corpor	ration's board of directors. Thereby accept the	TE	ORS IN 12
office or reagent. I am SIGNATURE 3	gistered agent, or both, in the State on familiar with, and accept the obligation of the obligation of the obligation of the or printed name of registered agent of the obligation of the obliga	ons of, Section 607.0505, Floric and title if applicable (NOTE: R	da Statutes Registered Ager 13. 1.1 TITLE	tne corpor	quired when reinstating).	TE RS AND DIRECT	ORS IN 12
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNA

Daytime Phone #

CR2E034 (11/9