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PROFIT CORPORATION ::: ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107974

1999

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90097 019 ***150.00

RTM PAI	LM BEACH, INC.						
Principal Place	e of Business	Mailing Address				16 #3 165 1 883 8 189	11 1 28 11 019 1 18 2 1
1413 LAKE VICTORIA DR.		1413 LAKE VICTORIA DR.					
- 1		LAKE WORTH FL 33461	· • · · · · · · · · · · · · · · · · · ·				
					DO NOT WRITE IN TH	S SPACE	
	and the second of the second o	المهاري المراجعة	:		3, Date Incorporated or Qualifed 01/01/1998		-
2 Principal B	Place of Business	2a, Mailing Address			4. FEI Number		Applied For
⊢ ¬ ''	race of business	<u>├</u> ~-`₁			(5-0799790		lot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					Additional
22		27			5. Certificate of Status Desired		Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Country	, 	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	Yes	□No
\ 	9. Name and Address of Curre				10. Name and Address of New Registers	d Agent	
			81	Name			
	.ey, ted		82	Ctront	Address (P.O. Box Number is Not Acceptable)		
1413	3 LAKE VICTORIA DR.		102	Sireer	Address (P.O. Box Number is Not Acceptable)		
} LAK	E WORTH FL 33461		83	 	·		
}			<u> </u>	<u> </u>			
}			84	City	F	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statu	tes the abov	a-named			ts registered
office or r	registered agent, or both, in the State	e of Florida. Such change was	authorized by	the corpo	corporation submits this statement for the purpose pration's board of directors. I hereby accept the app	ointment as r	registered
office or r agent, I a	registered agent, or both, in the State am familiar with, and accept the oblig	gations of, Section 607.0505, Floations of, Section 607.0505, Floations of the first section 607.0505, Floation 607.0505	authorized by orida Statutes	the corpo	oration's board of directors. I hereby accept the app	ointment as r	registered
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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:

swikiamile required

4/10/99

(541)686-0333