


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90035 001 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000013286</b>					
1. Corporation Name <b>TACO TWO BAKERSFIELD, CORP.</b>					
Principal Place of Business <b>1701 W HILLSBORO BLVD. STE 303 DEERFIELD BEACH FL 33442</b>		Mailing Address <b>1701 W HILLSBORO BLVD. STE 303 DEERFIELD BEACH FL 33442</b>			
2. Principal Place of Business <b>21 9902 Rancho Verde Dr.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 9902 Rancho Verde Dr.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/09/1998</b>	
22 City & State <b>Bakersfield, CA</b>		27 City & State <b>Bakersfield, CA</b>		4. FEI Number <b>77-0483463</b> Applied For <input type="checkbox"/> Not Applicable	
23 Zip Country <b>93311 USA</b>		28 Zip Country <b>93311 USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
29		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>JAFFEE, CHARLES L 1701 W HILLSBORO BLVD, STE 303 DEERFIELD BEACH FL 33442</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			<b>FL</b>		
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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.3 STREET ADDRESS <b>TUMMINELLO, FRANK</b>					
1.4 CITY-ST-ZIP <b>600 Solar Isle Drive</b>					
2.1 TITLE <b>Fort Lauderdale, FL 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME <b>Vice President</b>					
2.3 STREET ADDRESS <b>Sherrer, Robert</b>					
2.4 CITY-ST-ZIP <b>9902 Rancho Verde Drive</b>					
3.1 TITLE <b>Bakersfield, CA 93311</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)