**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000016236

DINNERS TO GO INC.

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90118 006 \*\*\*158.75



Principal Place	e of Business	Mailing Address		( 100:1001   10 10(0) 10:11 10:11 00:11 00:11 00:11 10:11 00:11 10:11 00:11
3824 WILSON STREET				DO NOT WRITE IN THIS SPACE
6				3. Date Incorporated or Qualifed 02/19/1998
2. Principal P	lace of Busines O ANE	2a. Mailing Address 26 90 N. 6	1 AVE	4. FEI Number 08 4289 Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
Cil   Sil	y woop, fl	28 HOLLYWO	fl_	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
<sup>2</sup> 330°	24 25 COUNTY	29 33024 30	Country	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent	941 11	10. Name and Address of New Registered Agent
VADO	CAS INCOID I		81 Name	MARLIN I. VAROAS
VARGAS, INGRID L 3824 WILSON STREET 82 Stre				Addless (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33021			92	1901 10. 101 AV
1100	. \			,
	[a.]		84 City	D (19WWD, FL 85 233024
11. Pursuant to the proved for 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 as at a point, 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 appointment and register				
SIGNATURE	V W	<u> </u>		
			stered Agent signature re	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND		1.1 TITLE	Change Addition
NAME	VARGAS, INGRID L	•	1.2 NAME	VARGAS, MARTINT.
STREET ADDRESS	3824 WILSON STREET		1.3 STREET ADDRESS	134 734 11 11 11 11 11 11 11 11 11 11 11 11 11
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	1901 N. 61 AVE, HOLLYWOOD, FU 33024
TITLE	HOLETWOOD I E GOGET		2.1 TITLE	Change Addition
NAME			2.2 NAME	WIREAR TERRIOL.
STREET ADDRESS		1	2.3 STREET ADDRESS	1901 AL ILL ONLY
CITY-ST-ZIP		1	2. 4 CITY-ST-ZIP	Hall will Cl 23024
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	<b>"</b>
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE			5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS		1	5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE			6.1 TITLE	☐ Change ☐ Addition
NAME	. ^		6.2 NAME	
STREET ADDRESS	<b> </b>	'	6.3 STREET ADDRESS	
i l	, · · · · · · · · · · · · · · · · · · ·		6.4 CITY, ST. 7IP	Ι

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 supplied entry 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 of 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 but a state cament with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR