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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90052 003 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000019131 1. Corporation Name PHONE CHEFS OF BROWARD COUNTY, INC			
Principal Place of Business 7915 PINES BOULEVARD PEMBROKE PINES FL 33024		Mailing Address 7915 PINES BOULEVARD PEMBROKE PINES FL 33024	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 9075 S.W. 87 AVE 27 STE # 402 28 MIAMI, FL. 29 33176 30 DADE	
9. Name and Address of Current Registered Agent TOBON, GUS 7915 PINES BOULEVARD PEMBROKE PINES FL 33024		10. Name and Address of New Registered Agent 81 Name GUS A. TOBON 82 Street Address (P.O. Box Number is Not Acceptable) 9075 S.W. 87 AVE 83 STE # 402 84 City MIAMI FL 85 Zip Code 33176	
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 <i>Gus A. Tobon</i> PRESIDENT DATE 4/28/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE D NAME TOBON, GUS STREET ADDRESS 7915 PINES BOULEVARD CITY-ST-ZIP PEMBROKE PINES FL 33024		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P/D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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