PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90269 020 ***150.00

DOCUMENT # **P98000019741**1. Corporation Name

| CULINARY MARKETING INTERNATION | DNAL INC. | | |
|---|------------------------------------|-------------------------------------|--|
| Principal Place of Business | Mailing Address | | -) 1881/601 (19 78/81 1811) 88111 88111 88111 88111 18102 (1811) 18011 18011 18101 (1811) |
| 412 S HOWARD AVE TAMPA FL 33606 | 412 S HOWARD AVE TAMPA FL 33606 | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/02/1998 |
| 2. Principal Place of Business 21 2407 Riverside Dr | 2a. Mailing Address | ward | 4. FEI Number |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | <u> </u> | 5. Certificate of Status Desired ? \$8.75 Additional Fee Required |
| City & State 23 Campa Fla. | City & State | 714 | 6. Election Campaign Financing Trust Fund Contribution 7 \$5.00 May Be Added to Fees |
| Zip Country 24 33(402 25 2.5.A | 29 3 360 L 3 | Country USA | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No |
| g. Name and Address of Curren | t Registered Agent | | 10. Name and Address of New Registered Agent |
| NORRIS, MILES 412 S HOWARD AVE TAMPA FL 33606 | | 81 Name 82 Street Addre | ess (P.O. Box Number is Not Acceptable) |
| | | 84 City | FL 85 Zip Code . |
| 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 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 ager | | Registered Agent signature required | |
| | D DIRECTORS | 13 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| NAME PRECIDENT | DELETE | 1.1 TITLE 1.2 NAME | · Change Addition |
| 415 5 Hemana | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP Tampe, Florida 3 | 3602 | 1.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | and the same of th |
| C(TY-ST-ZIP | <u></u> | 2. 4 CITY-ST-ZIP | |
| TITLE | DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| 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 ADORESS | | 4.3 STREET ADDRESS | · |
| CITY-ST-ZIP | | 4.4 CITY+ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | · |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-7IP | | 5.4 CITY-ST-ZIP | |

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 of 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 adachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition