

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90154 022 ***150.00

DOCUMENT # **P98000033767**

1. Corporation Name

YIANNI'S GOURMET FOOD & EVENTS, INC.

Principal Place of Business

**9255 S.W. 125TH AVE., UNIT R204
MIAMI FL 33486**

Mailing Address

**9255 S.W. 125TH AVE., UNIT R204
MIAMI FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

2. Principal Place of Business

20218 SW 85 PL.

Suite, Apt. #, etc

22

City & State

MIAMI, FL

Zip

33189

Country

U.S.A.

24

2a. Mailing Address

20218 SW 85 PL.

Suite, Apt. #, etc

27

City & State

MIAMI, FL

Zip

33189

Country

U.S.A.

29

30

4. FEI Number

65-0827825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SPILLIS, JOHN P

**9255 S.W. 125TH AVE., UNIT R204
MIAMI FL 33486**

10. Name and Address of New Registered Agent

81 Name **JOHN P. Spillis**

82 Street Address (P.O. Box Number is Not Acceptable)

20218 SW 85 PL

83

84

City **MIAMI**

FL

85 Zip Code

33189

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

John P. Spillis

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

3/14/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SPILLIS, JOHN P**

STREET ADDRESS **9255 S.W. 125TH AVE., UNIT R204**

CITY-ST-ZIP **MIAMI FL 33486**

TITLE **D** ☐ DELETE

NAME **SPILLIS, ANGELA K**

STREET ADDRESS **9255 S.W. 125TH AVE., UNIT R204**

CITY-ST-ZIP **MIAMI FL 33486**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John P. Spillis
(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

3/14/99 305-649-0229

CR2E034 (11/98)