**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90032 010 \*\*\*150.00

DOCUMENT #	P98000034210
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COUNTR	RY SKILLET, INC.								
Principal Place	e of Business	Mailing Address				. I emilifant off tatha rater parti datti gant an	IBM liibi šibia itum:	IIDII DDIC IBBI	
Principal Place of Business Mailing Address 6108 SOUTH DIXIE HIGHWAY 6108 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL WEST PALM BEACH FL			VAY			DO NOT WRITE IN TH	IIS SPACE		
						3. Date Incorporated or Qualifed		}	
1						04/13/1998			
2. Principal Place of Business 2a. Malling Address					4 FEI Number		plied For		
21		26				1 65 50 8 0 3 3 1 U	263 No		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8:75 A		
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be	•
23		28				Trust Fund Contribution	Added t	Fees	
Zip	Country	Zìp	Соц	itry		8. This corporation owes the current year			-
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Register	ad Agent		
				81 Nam	9	•	• .	ŀ	•
	VERIE, RICHARD		ŀ	82 Stree	t Addre	as (P.O. Box Number is Not Acceptable)			
	99 NORTHUMBERLAND CIRCLE								
WELL	LINGTON FL 33414			83					
			1	84 City			B5 Zip C	ode	
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				1 1				Paratetarad	
11, Pursuant office or re agent, I a	to the provisions of Sections 607.050 registered agent, or both, in the State on familiar with, and accept the obligations.	02 and 607.1508, Florida Statu of Florida. Such change was a ations of, Section 607.0505, Fk	ites, the at authorized orida Statu	1 1	d corpor poration			registered pistered	
SIGNATURE				ove-name by the cor tes.		ration submits this statement for the purpose his board of directors. I hereby accept the ap		registered pistered	_
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOT	E: Registered	ove-name by the cor tes.		ration submits this statement for the purpose n's board of directors. I hareby accept the ap	of changing its pointment as re		(98)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN			ove-name by the cor les.		ration submits this statement for the purpose his board of directors. I hereby accept the ap	of changing its pointment as re		(11/98)
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14. I hereby certify that the information supplied with this filling 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 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 chapted, or only an attachment with an address, with all other like empowered.

SIGNATURE: