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

PROFIT CORPORATION ANNUAL REPORT 1999

City & State

23

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Zip



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

City & State

Zip

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Country

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

05-05-1999 90175 044 \*\*\*150.00

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

## DOCUMENT # P98000055559 1. Corporation Name COOKING SMART, INC. Mailing Address Principal Place of Business 2904 RIVER POINT DRIVE 2904 RIVER POINT DRIVE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/19/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27

Country

30

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.

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE					
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE	D DELETE	1.1 TITLE		Change	Addition
NAME	PETOPOULOS, TOM	1.2 NAME		•	}
STREET ADORESS	2904 RIVER POINT DRIVE	1.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118	1.4 CITY-\$T-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME		2.2 NAME			}
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME.		3.2 NAME			
STREET ADDRESS	•	3.3 STREET ADDRESS			Ì
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	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME	•		
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			Ì
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1007070 50 11 00-64-		

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 904-756-4444

Daytime Phone

CR2E034 (11/98)

\$5.00 May Be

Added to Fees

☐ Yes