


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90027 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000069291

1. Corporation Name

CHOCOLATE RAVIOLI BY MARKO, INC.

Principal Place of Business 8872 LAKE PARK CIRCLE SOUTH DAVIE FL 33328	Mailing Address 8872 LAKE PARK CIRCLE SOUTH DAVIE FL 33328
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23. City & State

24. Zip Country

25

27. City & State

28. Zip Country

29

30

4. FEI Number

05-0856797

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name

LORI A KELEMEN

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

8872 LAKE PARK CIRCLE SOUTH

83.

84. City

DAVIE

FL

85. Zip Code

33328

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



LORI A KELEMEN

3/25/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

KELEMEN, LORI A

STREET ADDRESS

8872 LAKE PARK CIRCLE SOUTH

CITY-ST-ZIP

DAVIE FL 33328

☐ DELETE

TITLE

VD

KELEMEN, MARK

STREET ADDRESS

8872 LAKE PARK CIRCLE SOUTH

CITY-ST-ZIP

DAVIE FL 33328

☐ DELETE

TITLE

S

KELEMEN, SARA J

STREET ADDRESS

8872 LAKE PARK CIRCLE SOUTH

CITY-ST-ZIP

DAVIE FL 33328

☐ DELETE

TITLE

T

MARSTEN, JAMES DR.

STREET ADDRESS

8872 LAKE PARK CIRCLE SOUTH

CITY-ST-ZIP

DAVIE FL 33328

☐ DELETE

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change☐ Addition

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

LORI A KELEMEN

Date

Daytime Phone #

CR2E034 (1/198)