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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90187 046 \*\*\*150.00

DOCUMENT #	P98000071650
1. Corporation Name	. 000000. 1000

TAQUITOS MEX-DELI, INC.

Principal Place	e of Business	Mailing Address						<b>    </b>			
-910 BERYL DR	, , , , , ,	910 BERYL OR.									
ROCKLEDGE F		ROCKLEDGE FL 32955		4 i ==			DO N	OT WRITE	PIHT IN	SDACE	
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2. Principal P	Place of Business	2a. Mailing Address		,		4. FEI N	umber				Applied For
21 130	9 1944 PLACE	26 839 R	BINL	- sug	<u>.                                    </u>	65-	<u>08581</u>	4/		$-\Box$	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certif	ate of Status D	esired			Additional
22		27									Required
City & Stat	BEACH FL	City & State  28	. F	?/.			on Campaign Fil Fund Contribution	-		•	May Be d to Fees
23 <b>VEP</b> 2	Country	28 27 27 371	<u>ر بہ 7</u> Co	ountry	-		orporation owes		t vear int		010100
24 3296	<b>O</b> [25]	29 32958	30				nal Property Tax			Yes	XNo _
	9. Name and Address of Current		1 1	T,		10. Name	and Address	of New Re	gistered	Agent	
OT.	IOUR DINUE			81	Name						
	JOHN, PHILIP			82	Street A	ddress (P.O. Bo	x Number is No	Acceptabl	e)		****
	FBERYL-DA CKLEDGE-FL-32955			22	<u>     8 3                              </u>	9 KoBen	LANK				
noe	JALEDUL TE OLOGO			83		· ·					
				84	City		. 1		Ei	85 Zi	p Code
44 Durayant	to the provisions of Sections 607.0502	2 and 607 1508 Florida S	tetutoe the	s above-r	named o	SBAS TA	ite this statemer	of for the ni	mose of	changing	2958
office or r	registered agent, or both, in the State of am familiar with and accept the obligation	of Florida. Such change w	as authorize	zed by th	nameu o ne corpor	ration's board of	directors. I here	by accept	the appoi	ntment as	registered
	an familiar within and account the formula										
	The state of the s	DILL IN CT TOLL	, Florida Sia	latutes.				Ł	L-19-6	79	
agent, I a SIGNATURE	Signature, typed or printed hapte of registered agent	PHILLIP ST. JOH	N			quired when reinstating		į	4-19-4 DATE	19	
	THE BL	PHILIP ST. JOH and title if applicable. (I D DIRECTORS	NOTE: Registere	ered Agent s		ruired when reinstating	ONS/CHANGES	į	K-19-6 DATE	D DIREC	TORS IN 12
SIGNATURE	Signature, typed or printed happe of registered agent	PHILIP ST. JOH and title if applicable.	NOTE: Registere	ered Agent s	signature rec	quired when reinstating ADDIT	ONS/CHANGES	į	K-19-6 DATE	14	TORS IN 12
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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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

561-589-4573