## 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** 

## DOCUMENT # P98000080413

**FUN & FOOD MANAGEMENT CORPORATION** 

Principal	Place	ΟĪ	Bu	sını	ess

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90002 037 \*\*\*150.00



Principal Plac	e of Business	Mailing Address							
	antiago street	2913 WEST SANTIAGO STREET							
TAMPA FL 336	29	TAMPA FL 33629		DO NOT WRITE IN THIS SPACE					
				3. Date Incorporated or Qualifed		-			
				09/17/1998					
2. Princinal F	Place of Business	2a. Mailing Address		4. FEI Number	Applie	d For			
715	S. Rome Ave	26 BIX 14414		59 3532326		pplicable			
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Addi				
	π, οιο.	27		5. Certifcate of Status Desired	Fee Requir				
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 Ma	Bo			
3 Tam		28 Tampa, F	4	Trust Fund Contribution	Added to Fe	,			
Zip	Country		Country	This corporation owes the current year In		~			
336		'	USA	Personal Property Tax.	Yes L	No			
4 500	9. Name and Address of Current		1	10. Name and Address of New Registered					
<b>"</b>	3. Name and Address of Current	registered Agent	81 Name						
ΔMF	ERILAWYER								
	ALMERIA AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)						
	RAL GABLES FL 33134		83						
COI	THE CARDELO I E SO TO T		83						
			84 City	<b>F</b> 1	85 Zip Cod	e			
				<u>FL</u>					
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	e above-named or	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	i changing its reg intment as regist	jistered ered			
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Florida S	Statutes.						
SIGNATURE						- 1			
OIGINATOINE	Signature, typed or printed name of registered agent		tered Agent signature req						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A					
TTLE	PSTD	☐ DELETE 1	.1 TITLE	PRes	Change [	Addition			
NAMÉ	CHEATHAM, JAMES E	1.	.2 NAME	cheatham, James E 4015 BAYSHORE BIND #	±17c				
STREET ADDRESS	2913 WEST SANTIAGO STREET	1.1	.3 STREET ADDRESS	4015 GHYSHORE BIVE	~				
CITY-ST-ZIP	TAMPA FL 33629	1	4 CITY-ST-ZIP	TAMPA, FL 33696	<u> </u>				
ITLE		☐ DELETE 2	L1 TITLE		☐ Change [	Addition			
VAME		2	2.2 NAME						
STREET ADDRESS	.]	. 2	3 STREET ADDRESS		•				
CITY-ST-ZIP	- ' ' '	. 2	2.4 CITY-ST-ZIP	·	-	•			
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NAME		1 3	3.2 NAME						
STREET ADDRESS	[		3 STREET ADDRESS	•		ľ			
•	4		8.4. CITY-ST-ZIP	•					
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NAME	1		5.2 NAME			Í			
STREET ADDRESS	· ·		5.3 STREET ADDRESS						
CITY-ST-ZIP	<u></u>		5.4 CITY-ST-ZIP						
me						Addition			
	•		I.1 TITLE		Change [				
VAME	Profession Co. S.		3.1 TITLE 3.2 NAME		∐ Change (				
NAME (C)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	6			∐ Change (				

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: