Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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 # P98000090139 1. Corporation Name

SWIVEL SPOON, INC.

Principal Place of Business 7677 TRENTON DRIVE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State ·

LAKE WORTH FL 33467

21

Mailing Address

7677 TRENTON DRIVE LAKE WORTH FL 33467

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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

05-01-1999 90048 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/22/1998

65-088033

5. Certificate of Status Desired

6. Election Campaign Financing

3		28					Trust Fully Contribution		710000	
Zip	Country 25	Zip 29	30	Country			This corporation owes the Personal Property Tax.	e current year In		₩No
•]	9. Name and Address of Current F						IQ. Name and Address of I	lew Registered	Agent	
	3. Nume and realize of Cartone	togisto ou rigorit		81	Name					
വേ	DON, DALE				,,,,,,,,					
7677 TRENTON DRIVE					Street	Address	(P.O. Box Number is Not Ad	ceptable)		
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LAK	E WORTH FL 33467			83						
				84	City				85 Zip C	ode.
				64	City			FL	_ 65 2.0 0	,,,,,,
office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such char	nge was author	rized by t	-named he corpo	corporation's	tion submits this statement for board of directors. I hereby	or the purpose of accept the appo	changing its intment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable.	(NOTE: Regis	stered Agent	signature r	required wh	en reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	I	13.			ADDITIONS/CHANGES T			RS IN 12
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indicated officer or	certify that the information supplied with on this annual report or supplemental a director of the corporation or the receive or Block 13 if charged, or on an attacty	nnual report is true or trustee empo	e and accurate wered to execu	and that ite this re	my sign port as	ature sn required	iali nave the same legal effec	it as it made und	ier oatn; that i	am an

561.967.2142