Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90118 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000091304

1. Corporation Name

A LA CARTE AT HOME, INC.					
Principal Place of Business	Mailing Address			11 000 11511 19 151 0101 1091	
4405 DIAMOND CIRCLE NORTH SARASOTA FL 34233	4405 DIAMOND CIRCLE NORT SARASOTA FL 34233	тн	DO NOT WRITE IN THIS SPA	ACE	
			3. Date incorporated or Qualifed		
		•	10/26/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65 - 0870540	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional	
22	27		3. Certificate of Status Desired	Fee Required	
City & State	City & State			\$5.00_May_Be	
23	28			Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year Intangil		
24 25	29 30	0]	1 dischart reports Tax		
9. Name and Address of Curro	ent Registered Agent	81 Name	10. Name and Address of New Registered Age	<u> </u>	
KNECHT, BRIAN D		81 Name			
		82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
4405 DIAMOND CIRCLE NORTH					
SARASOTA FL 34233		83			
		84 City	F. 8	5 Zip Code	
		<u>l_L</u>	FĻ_¨	- i - i - i - i - i - i - i - i - i - i	
11 Pursuant to the provisions of Sections 607.05					
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the object	Succession of the control of the con	, the above-named corp horized by the corporation of the statutes.	poration submits this statement for the purpose of char on's board of directors. I hereby accept the appointment	ent as registered	
SIGNATURE TOWARD	way Bei	And り、 じ	NECH = 4-13	and as registered	
SIGNATURE Signature, typed or printed name of registered a	igent and title if applicable. (NOTE: Ro	the above-hamed corporation of the corporation of t	NECH = 4-13	3 <i>-33</i>	
SIGNATURE Signature, typed or printed name of registered at 12. OFFICERS A	way Bei	egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND D	3 <i>-33</i>	
SIGNATURE Signature, typed or printed name of registered a 12. OFFICERS /	rigent and title if applicable. (NOTE: Right AND DIRECTORS	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND D RESIDENT UTH Simons	IRECTORS 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 on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Addition

Change