## 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

## DIVISION O

## FILED Apr 30, 1999 8:00 am Secretary of State

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DOCUMENT #	P98000097	'579
1. Corporation Name	. 0000000.	•.•

Corporation Name

THE FRESH TORINILLA, INC.

Pı	rinci	ipal	Place	of	Business	

837 PALM DR. ORLANDO FL 32803 Mailing Address

837 PALM DR.

ORLANDO FL 32803

	9. Name and Address of Curr	ent Regist	tered Agent 81 Name	10.	Name and Address of New Registered Agent
24	Zip Country 25	29	Zip Country		This corporation owes the current year Intangible Personal Property Tax.  Name of the current year Intangible Personal Property Tax.  Name of the current year Intangible Personal Property Tax.
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
22	Suite; Apt. #; etc.	27	Suite, Apt. #, etc.	5.	Certifcate of Status Desired
2.	Principal Place of Business	2a. 26	Mailing Address	4.	FEI Number Applied For Not Applicable
				3.	Date Incorporated or Qualifed 11/16/1998

Tomasi, William J 837 Palm Dr. Orlando Fl 32803

	Personal Property Tax.	LE 103 1 .10
	10. Name and Address of Ne	w Registered Agent
81	Name	
82	Street Address (P.O. Box Number is Not Acco	eptable)
83		
84	City	85 Zip Code

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.

agent. i a	m tamiliar with, and accept the obligations of, Section 607.0005, Florida	a Statutes.	3/10/00
SIGNATURE	2thlean Arthur Tomory William Signature, typed or prifiled name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature re	To mgs J 3/19/99
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN,12
TITLE	DELETE	1.1 TITLE	☐ Change ☑ Addition
NAME		1.2 NAME	William John Tomasi 837 Palm Drive
STREET ADDRESS		1.3 STREET ADDRESS	837 Palm Drive
CITY-ST-ZIP		1.4 C/TY-ST-Z/P	ORIANO FL 32803
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	a company was a second of the company of the compan	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	,
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 C/TY-ST-Z/P	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS	SECOND SE	6.3 STREET ADDRESS	
CITY ST ZIP	Milla	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

LIL SIGNATURE RECUMPED J. TO, SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/26/99

(407) 896-3347 Daytise Phone #

CR2E034 (11/98)