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 # P98000102642 1. Corporation Name

SUSIE'S CULINARY SECRETS, INC.

Principal	Place	of	Business

Mailing Address

1435 HOWELL BRANCH RD. SUITE C WINTER PARK FL 32789

1435 HOWELL BRANCH RD. SUITE C WINTER PARK FL 32789

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90020 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/07/1998

2. Principal P	cipal Place of Business 2a. Mailing Address				4. FEI Number Applied For	
21	26				59 - 3546914 Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.			-	5. Certificate of Status Desired \$8.75 Additional	
22				5. Certificate of Status Desired Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing S5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zìp	Country		8. This corporation owes the current year Intangible	
¬ '	25	29 30	5		Personal Property Tax.	
24 25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
			81	Name		
LANE, AMANDA S			20		Address (D.O. Day Number in Not Acceptable)	
1435 HOWELL BRANCH RD, SUITE C			82	82 Street Address (P.O. Box Number is Not Acceptable)		
WINT	ER PARK FL 32789		83			
			84	City	FL 85 Zip Code	
	0.0000000000000000000000000000000000000	COT 1500 Florido Statutos	the above	named co	corporation submits this statement for the purpose of changing its registered	
office or r	egistered agent or both in the State 0	n Fiorida. Such change was auch	ionzeo by	the corpor	oration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes.			
SIGNATURE					required when reinstating) DATE	
	Signature, typed or printed name of registered agent			signature req	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND	DELETE DELETE	13.		VICE PRESIDENT Change Addition	
	D	C) perere			TONI M GODSEY	
	GODSEY, SUSAN P		1.2 NAME	-	TAN M. GODSEY 1789 VIA PALERHO	
	1789 VIA PALERMO		1.3 STREET	ADDRESS	WINTER PARK, FL 32789	
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-ST	-ZIP \	WINIER PHICK, 10 52101	
TITLE	(D	☐ DELETE	2.1 TITLE	- 1	Cusude Dyagon	
NAME	LANE, AMANDA S		2.2 NAME	ŀ		
STREET ADDRESS	TREET ADDRESS P O BOX 1613 N/A		2.3 STREET	ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32790		2.4 CITY-S	T-ZIP ~		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY+ S	T-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	1		
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			
			6.3 STREET	ADDRESS		
STREET ADDRESS			6.4 CITY-ST			
CITY-ST-ZIP	l		0.7 0/117-31		this Continue 440 07/03/2 Floride Statutes I further cortifu that the information	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

1-26-99 (407) 628-5982