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 # P98000103061

1. Corporation Name

MATTERS OF TASTE, BY DIANA, INC.

			_				
Principal Place of Business Mailing Address					1 (85)(85) (10 10 10 10 10 10 10 10 10 10 10 10 10 1		
12073 NW 1ST ST. 12073 NW 1ST ST. CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					12/09/1998		
2. Principal Place of B	Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			65 0884182		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27					quired -
City & State		City & State			6. Election Campaign Financing	\$5.00 f	
23	Country	Zip	Country	,	Trust Fund Contribution) rees_
Zip	Country	<u> </u>	-		 This corporation owes the current year In Personal Property Tax. 		□No
24	25 ame and Address of Current		<u> </u>		10. Name and Address of New Registered		
J. 140	and Address of Carrent	registeres Agent	81	Name			
BRODSKI, N.	ANCY K ESQ.		82	0	- (D.O. Dev M. exhaula Not Assertable)		
4150 N. FEDERAL HWY. 1				Street Add	dress (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33308				!			
i					<u></u>	AF Tin C	`ada
				84 City FL 85 Zip Code			
office or registered	d agent, or both, in the State o	f Florida. Such change was auti	norized by	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	if changing its of pintment as reg	registered jistered
agent. I am familia	ar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes	١.			
SIGNATURE	typed or printed name of registered agent	and title if applicable (NOTE: R	lenistered Anel	nt signature regul	red when reinstating) DATE		
12.	OFFICERS AND		13.	ii signatoro rodon	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
	SIDENT /TREASUR		1.1 TITLE			Change	☐ Addition
NAME DIA	NA 1. WEISS		1.2 NAME				
STREET ADDRESS 120	FLANDRESS 12073 NW 15 ST			TADORESS			
CITY ST. 710	2M2 SDRINGS FO	3307	1.4 CITY-S	T-ZIP			
TITLE VICE	VICE PRESIDENT SECRETARY DELETE					Change	☐ Addition
NAME DAL	DAVID L. WEIST						
STREET ADDRESS (20)	73 NW (ST ST		2.3 STREE	T ADDRESS			
CITY-ST-ZIP CO	CORAL SPRINGS FC 3307			ST-ZIP-			
TITLE	DELETE		3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	<u></u>		A delition
TITLE	☐ DELETE		4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			□ A Jalaia
πιέ		☐ DELETE	5.1 TITLE	Ì		Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			A dulate
TITLE !		□ DELETE	6.1 TITLE	Į.		Change	☐ Addition

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

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

52-6700 ExT

May 10, 1999 8:00 am Secretary of State

05-10-1999 90088 046 ***150.00