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PROFIT CORPORATION ! ANNUAL REPORT 1999



Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90186 011 ***150.00

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DOCU	MENT # P98000	104874							
i. Corporati	OT HOUSE				_				
SUGAH	AND SPICE FAMILY RESTA	AUMANT, INC.			1 189 179 11 11 11 11 11 11 11 11 11 11	a abab a kata ka	184 0191 1 12 811 1	AA IN GEEN (BAR	k P
Principal Pla	ce of Business	Mailing Address				H 85401 H B I I B I	liil din e enil i	9111 8161 1894	- 1
4000 CATTLEMEN ROAD 4000 CATTLEMEN ROAD									i
Sarasota Fl	34233	SARASOTA FL 34233			DO NOT WRI	TE IN THIS	SPACE		
	•				3. Date Incorporated or Qualifed				1
					12/17/1998				
	Figure of Business	-2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	65 - 1885384			ot Applicable	
21 Suite, Apr	t # etc	Suite, Apt. #, etc.						Additional	1
22	11 77 9 90000	27			5. Certificate of Status Desired			equired	1
City & St	ste	;City & State			-6 Election Campaign Financing	กั		May Be	
23		28			Trust Fund Contribution			to Fees	ł
Zip	Country	Zip	Cour	uy	This corporation owes the curr Personal Property Tax.	ent year int	angible Yes	⊠No	1
24	9. Name and Address of Curr		[30]		10. Name and Address of New I	Registered			1
	or starte and Appropriate			81 Name					ł
Beachy, Reuben 1055 Fox Creek Drive			'}	82 Street Addr	ess (P.O. Box Number is Not Accepta	able)			ĺ
			[
SAH	ASOTA FL 34240		- 1	83					•
			Ī	84 City		FL	85 Zip	Code	l
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered eyem, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 				owe named com	oration submits this statement for the	nuroosa of	changing its	registered	
		e of Fronda, Such change was a gations of, Section 607.0505, Fk	authorizeo Iorida Statu	ies.	on a bodio of calectors. This aby accep	n uno uppos	nonor as 19		
SIGNATURI	Signature, typed or printed name of registered agent and bite if applicable. (NOTE: OFFICERS AND DIRECTORS		TE: Registered /	Agent algositure require	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	ORS IN 12	98
12.	D	DELETE	1.1 πη	£	7,0011107101101101101101101101101101101101		Change	Addition	Ξ
NAME	BEACHY, REUBEN		1.2 NW	vE				!	Z.
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CITY-ST-ZIP	SARASOTA FL 34240		1.00						ZEO.
TITLE	ID .		1.4 CIT	Y-ST-ZIP			□ Change	C) Addition	CR2E034 (11/98)
	I = .	☐ DELETE	1.4 CIT 2.1 TITI	Y-ST-ZIP LE			☐ Change	Addition	CRZEO
NAME:	BEACHY, ROSEMARY	DELETE	1.4 CIT 2.1 TITI 2.2 NA	Y-ST-ZIP LE ME			☐ Change		CRZEO
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Increase certary mat the information supplied with this ming goes not quality for the exemption stated in Section 119.07(3)(i). Frontia Statutas, Inaber certain with all inflicted 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 osbit, 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: