

FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90160 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S25326**
1. Corporation Name
TACO VIVA FRANCHISING, INC.



Principal Place of Business 4220 NW N95TH AVE CORAL SPRINGS FL 33065 US	Mailing Address 4220 NW 95TH AVE CORAL SPRINGS FL 33065 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9385 W. Atlantic Blvd	2a. Mailing Address 26 P O Box 771046
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coral Springs FL	City & State 28 Coral Springs, FL
Zip 24 33071 25 USA	Zip 29 33077 30 USA

3. Date Incorporated or Qualified 01/15/1991	Applied For Not Applicable
4. FEI Number 65-0369643	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOCKWOOD, BRYAN G 4220 NW 95TH AVE CORAL SPRINGS FL 33065	10. Name and Address of New Registered Agent 81 Name Bryan G. Lockwood 82 Street Address (P.O. Box Number is Not Acceptable) 9385 W. Atlantic Blvd 83 84 City Coral Springs FL 85 Zip Code 33071
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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.

SIGNATURE: *Bryan G. Lockwood* (NOTE: Registered Agent signature required when reinstating) DATE: **04.20.99**

12. OFFICERS AND DIRECTORS		
TITLE	PTDS	<input type="checkbox"/> DELETE
NAME	LOCKWOOD, BRYAN G	
STREET ADDRESS	1900 COLONIAL DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Bryan G. Lockwood* DATE: **04.20.99** DAYTIME PHONE #: **9547558500**

CR2E034 (1/98)