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

**PROFIT** 

SIGNATURE:

CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S36331 SAARA'S GOURMET KITCHEN, INC. Principal Place of Business Mailing Address C/O LARRY MAHONEY C/O LARRY MAHONEY 701 SO. "D" ST. 701 SO. "D" ST. DO NOT WRITE IN THIS SPACE LAKE WORTH FL 33460 LAKE WORTH FL 33460 3. Date Incorporated or Qualified 03/07/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 65-6075800 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name O'TOOLE, STEPHEN P. 521 LAKE AVENUE, SUITE 3 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33460 83 84 City Zip Code 85 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 Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition RIPATTI, SAARA CR2E034 NAME 1.2 NAME 111 SOUTH C STREET STREET ADDRESS 1.3 STREET ADDRESS LANTANA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME RIPATTI, SAARA 22 NAME 111 SOUTH C STREET STREET ADDRESS 2.3 STREET ADDRESS LANTANA FL CITY-ST-ZIP 2 4 DITY-ST-ZIP DELETE Addition TITLE 3.1 T/TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 20 1998 8:00am

MAC. 29-98-56.1-588-9105