

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION*
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S64531

(4)

1. Corporation Name:

BAVARIAN KITCHEN, INC.

Principal Place of Business:

**3201 E. COLONIAL DR.
ORLANDO FL 32803**

Mailing Address:

**3201 E. COLONIAL DR.
ORLANDO FL 32803**

**APPROVED
AND
FILED**

95 MAY -1 PM 2:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Insurance Policy or Qualifies
07/01/1991

3b. Date of Last Report
02/28/1994

4. Fid Number
59-3082363

Applied For
Not Applicable

5. Certificate of Status Issued ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. The corporation is in compliance with the provisions of the
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business:

**3201 E. COLONIAL DR.
ORLANDO FL 32803**

2a. Mailing Address:

**3201 E. COLONIAL DR.
ORLANDO FL 32803**

22. State: **FL**

27. State: **FL**

23. City: **ORLANDO**

28. City: **ORLANDO**

24. State: **FL**

29. State: **FL**

9. Name and Address of Current Registered Agent

**HILWA GHADA
3201 E. COLONIAL DR.
ORLANDO FL 32803**

81. Name:

82. Street Address (P.O. Box Number is Not Acceptable):

83. City:

84. City:

FL

85. Zip Code:

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the corporation's financial condition for the year ended December 31, 1995, in accordance with the provisions of Chapter 607, Florida Statutes.

SIGNATURE:

2/25/95

12. OFFICERS AND DIRECTORS

NAME	P HILWA, GHADA 3201 E. COLONIAL DR ORLANDO, FL 32803
NAME	S HILWA, NABIL 3201 E. COLONIAL DR. ORLANDO, FL 32803
NAME	V HILWA, SAWAN 3201 E. COLONIAL DR. ORLANDO, FL 32803
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	
NAME	
NAME	
NAME	
NAME	
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NAME	
NAME	
NAME	
NAME	

**Deleted
no longer Active**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 607.01(2)(b), Florida Statutes. Further, I certify that the information included on this 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 that a copy of the report is being furnished to the corporation as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, which is an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95

4107 8941640