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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS:

DOCUMENT # S64531

(4)

BAVARIAN KITCHEN, INC.

Principal Plac	e of Business		Mailing Address		*******	<u>-</u>				
9201 E. COLONIAL DR. 9201 E. COLONIAL DR. ORLANDO FL 32803 ORLANDO FL 32803-514										
			2				3. Date Incorporated or Qualified 07/01/1991		ite of Last F 02/1996	Report
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	[]. tpp//cu i di		
21 Suite, Apt. #, etc.			26 Suite Ant # 212				59-3082363			lot Applicable
22			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
Zip Country			Zip Country			Trust Fund Contribution Added to Fees				
24	<u> </u>	· -					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25 9. Name and Add	ress of Current Re					Florida Statutes			
LHIV			gioloida Agunt		81	Name	IV. Hamo and Address of New I	oğisteren i	Agent	
	va, ghada 1 e. colonial dr.							· · · · · · · · · · · · · · · · · · ·		
ORLANDO FL 32803					Street Ad-	dress (P.O. Box Number is Not Accepta	ible)			
					83	City			85 Zip	Code
						-		FL	1 1	
SIGNATURE	egistered agent, or bo in familiar with, and a Signative, typed or printed na		And a second part of the second				orporation submits this statement for the ation's board of directors. I hereby acce	porpose of the app	ointment as	s registered
12.		OFFICERS AND DIF		13.			ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
TITLE	P		DELETE	1.1 Ti	TŁ€		•		Change	Addition
NAME	HILWA, GHADA			1.2 N	AME					
STREET ADDRESS	3201 E. COLONIA			1.3\$	TREET	ADDRESS				
CITY - ST - ZIP	ORLANDO, FL 32	803		1.4 0	ITY-\$1	- ZIP				
THTLE	8		☐ DELETE	2.1 TI	TLE				Change	☐ Addition
NAME	HILWA, NABIL			2.2 N	AME					
STREET ADDRESS	3201 E. COLONIA		•	2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32	803			ITY-S	T-2IP				
TITLE			L) DELETE	311					Change	Addition
NAME				32 N			1			Į
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP			DELETE		TY-S	T-ZIP				
TITLE			☐ DELETE	41 Ti				•	L Change	Addition
NAME CONTRACTOR				4.2 N						
STREET ADDRESS				1		ADDRESS	•			
CITY-ST-ZIP TITLE			DELETE	44 D	TY-ST	-ZIP			Change	Addition
NAME			parett	5.2 N			•		LL CHAILDE	
STREET ADDRESS						ADDRESS	•			
CITY-ST-ZIP				4	ITY+ST					
TITLE			DELETE	61 TI		- £IT			Change	Addition
NAME			Activate to the control of	62 N					man or rounge	
STREET ADDRESS						ADDRESS .				i
CHTY-ST-7IP					TY-ST		•			į
44				0.40		F8				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arrival 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 atlandance with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/30/93

FILED

Feb 06 1997 8:00am

Secretary of State

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