May 07, 1999 8:00 am Secretary of State

05-07-1999 90104 038 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S99682

1. Corporation	Name						
KISS FAST FOODS, INC.							
	•				L LORDINGUE LICE TORTO TORTO CITAL TERIO TIEN GLOCK GLOCK GLOCK GLOCK GLOCK	ALL BURN (BA)	
Principal Place	e of Business	Mailing Address			i jürkinin ild. (ditk jürin alini jura lini alait alatı alatı alatı alatı alatı al	Dit Athli (nei	
4748 IRLO BRONSON HWY. 1304 NORTH BAY STREET							
KISSIMMEE FL 34744		KISSIMMEE FL 34744					
		US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					12/12/1991		
2. Principal Place of Business		2a. Mailing Address 26 / 3000 PANK B/V D		1.1		lied For	
21			4 13/1/		00 0000101	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired Fee Red	1	
?2		City & State					
City & State		Horama role for		4	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23		Zip Country		4			
Zip	Country	29 337776 30	7 <i>V</i> .	vs.MIN	8. This corporation owes the current year Intangible Personal Property Tax.	⊒No I	
9. Name and Address of Current Registered Ag		<u>/ /</u>	10. Name and Address of New Registered Agent				
				Name	10. Hamo and		
GEORGE L. HAYES III P.A. SERVICES INC.				<u> </u>			
696 1ST AVENUE NORTH			82 Street Addre		ddress (P.O. Box Number is Not Acceptable)		
SUITE 303			83	1			
ST. PETERSBURG FL 33701							
		84 City		City	FL 85 Zip C	ode	
11 Dureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	e-named co	ornoration submits this statement for the purpose of changing its r	egistered	
office or a	egistered agent or both in the State o	of Florida. Such change was auth	onzed by	the corpora	ation's board of directors. I hereby accept the appointment as reg	istered	
agent. i ai	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes	> .		ļ	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	ent signature requ	putred when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12	
TITLE	Р	☐ DELETE 1			☐ Change	☐ Addition	
NAME	YOUNESS, DANIEL W.	1.2 N					
STREET ADDRESS	13000 PARK BLVD	1.3 5		TADDRESS			
CITY-ST-ZIP	SEMINOLE FL	1.4		ST-ZIP			
TITLE	S	☐ DELETE 2.1			☐ Change	☐ Addition	
NAME	YOUNESS, ANGELINE	DUNESS, ANGELINE 22		ļ		1	
STREET ADDRESS	ARROND DATE OF THE		2.3 STREE	TADORESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		,	
TITLE			3.1 TITLE		☐ Change	☐ Addition	
NAME	3.2		3.2 NAME			ļ	
STREET ADDRESS	DDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CfTY-ST-ZIP				
TITLE	☐ DELETE		4.1 TITLE		☐ Change	☐ Addition	
NAME		4.2					
STREET ADDRESS	s .		4.3 STREE	ET ADDRESS			
C/TY-ST-Z/P	4		4.4 CITY-8	ST-ZIP			
TITLE	DELETE 5.		5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME			1	
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE	52212		6.1 TITLE		Change	☐ Addition	
NAME			62 NAME			-	
STREET ADDRESS			6.3 STREE	ET ADDRESS			

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 of trustee employees 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 accuracy with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

C/TY-ST-ZIP