

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

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90008 029 \*\*\*150.00

DOCUMENT # **V35216**

1. Corporation Name  
**KITCHEN MANIA, INC.**

Principal Place of Business  
**4581 GRAND CYPRESS RD  
VILLA 27  
WEST PALM BEACH FL 33417  
US**

Mailing Address  
**4581 GRAND CYPRESS ROAD  
VILLA 27  
WEST PALM BEACH FL 33417  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/08/1992**

4. FEI Number **65-0328518** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required -

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **16664 Valencia Blvd.**

26 **16664 Valencia Blvd.**

Suite, Apt. #, etc.  
**Loxahatchee, Fl.**

Suite, Apt. #, etc.  
**Loxahatchee, FL.**

City & State  
**33470 U.S.A**

City & State  
**Loxahatchee, FL.**

Zip Country

Zip Country

24 25

29 **33470** 30 **U.S.A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCAVETTA, BRUCE  
4581 GRAND CYPRESS ROAD  
SUITE 27  
WEST PALM BEACH FL 33417**

81 Name **Bruce Scavetta**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**16664 Valencia Blvd.**  
83  
84 City **Loxahatchee** FL 85 Zip Code **33470**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D SCAVETTA, JAMES**  
STREET ADDRESS **4580 DISCOVERY LANE #23**  
CITY-ST-ZIP **W. PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D SCAVETTA, BRUCE**  
STREET ADDRESS **4581 GRAND CYPRESS R #23**  
CITY-ST-ZIP **W. PALM BEACH FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **D Scavetta, Bruce**  
2.3 STREET ADDRESS **16664 Valencia Blvd.**  
2.4 CITY-ST-ZIP **Loxahatchee, FL. 33470**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Bruce Scavetta**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-99 561-333-5020**  
Date Daytime Phone #

CR2E034 (11/98)