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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V71688

(8)

ELITE KITCHENS INC.

**FILED** Apr 23 1998 8:00am Secretary of State

Principal Place of Bu	usiness	Mailing Address		- 1 1889 I DIIDII IDDDI II FIE AIFDI IDIDI ID	II DIBIH BHULI BUBIN ANDIN BUBIK DUDUN KABU
P.O. BOX 430032 PO BOX 420032					
NAPLES FL 34110					
US					. IN THIS SPACE
				3. Date Incorporated or Qualified	
2. Principal_Place of	Business	2a. Mailing Address	2	10/15/1992 4. FEI Number	Applied For
21 P.O.	Box 7526	26 1.0.	BOX 7526	65-0365709	Not Applicable
Suite, Apt. #, etc.	<u> </u>	Suite, Apt. #, etc.			<b>CQ 75</b> Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State  23 /7 /	UES FL	City & State NAPLE		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
- Zip 2///a	Country	702 444	Country UC A	8. This corporation owes or has pa	id the current year Intangible
24 34/01	25 USA		VSA	Personal Property Tax due June	
	Name and Address of Current I	Registered Agent		10. Name and Address of New Re	gistered Agent
	, gary A.		81 Name		
4062 BELAIR LANE  82 Street Address (P.O. Box Number is Not Acceptable)					
UNIT 8 NAMES EL 24103					
NAPLES	FL 34103		63		
			84 City		a5 Zip Code
11 Pursuant to the	province of Soctions CO7 0503	and CO7 1EO9. Elected Ctaledon	the obeye nemades		FL " Zi, Code
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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE Storiation	e, typed or profed name of registional agents	ind title if nordicable (NOTE)	Registered Agent signature requ	uind when rejustation)	DATE
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFIC	
THILE D		DELETE	1.1 THLE		Change Addition
NAME RO	Gers, gary a.		1.2 NAME		
STREET ADDRESS 406	62 BELAIR LANE UNIT 8		1.3 STHEET ADDRESS		
CITY-ST-ZIP NA	PLES FL		1.4 CHY-ST-ZIP		
TITLE		OLLETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		,
CITY-ST ZIP			2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		- Decrei	3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP TITLE		DELETE	4.4 CITY+ST-ZIP		Choops Addition
NAME			5 1 TITLE 52 NAME		Change Addition
STREET ADDRESS					
CITY - ST - ZIP			5 3 STHELT ADDRESS		ļ
TITLE		DELETE	5.4 CHY+ST-ZIP 6.1 TITLE		Change Addition
NAME		order	62 NAME		Change C Addition
STREET ADDRESS					
			6 3 STREET ADDRESS		
CITY-ST-7IP			6 4 CITY - ST - ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated 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 the receiver or treeties empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attangued with an address.

SIGNATURE:

(941) 262-1144