

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

**95 JUL 19 AM 10:55**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # 239097 (9)**

1. Corporation Name

**SUN CITY EGG MARKETING CORP.**

Principal Place of Business

**5545 NW 35 AVE  
#15  
FT LAUDERDALE FL 33309**

Mailing Address

**5545 NW 35 AVE  
#15  
FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**08/03/1960**

3a. Date of Last Report

**05/11/1994**

4. FEI Number

**59-0905740**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**AVCHEN, MALVIN  
5545 N.W. 35TH AVENUE #15  
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip 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. 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS | CITY-ST-ZIP      |
|-------|-----------------|----------------|------------------|
| PD    | MINKIN, GUSTAVE | 5545 NW 35 AVE | FT LAUDERDALE FL |
| SD    | ZALKA, SAUL     | 5545 NW 35 AVE | FT LAUDERDALE FL |
| CEO   | AVCHEN, MALVIN  | 5545 NW 35 AVE | FT LAUDERDALE FL |
| T     | JAFRI, SYED     | 5545 35 AVE    | FT LAUDERDALE FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE                                                                                                          | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|--------------------------------------------------------------------------------------------------------------------|----------|--------------------|-----------------|--------|----------|
| 2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | Change | Addition |
| 3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | Change | Addition |
| 4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | Change | Addition |
| 5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | Change | Addition |
| 6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td> <td>Change</td> <td>Addition</td> | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | Change | Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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.

SIGNATURE:

**SYED JAFRI**

**7/10/95 (305) 730-3333**