

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 656274 (8)
 1. Corporation Name
FOOD SPOT NO. 48 INCORPORATED



Principal Place of Business 7901 LUDLAM RD SO MIAMI FL 33143	Mailing Address 7901 LUDLAM RD SO MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1980	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number 59-1972482	Applied For <input type="checkbox"/> Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

BRUCE WILNER
7901 LUDLAM RD
SO MIAMI FL 33143

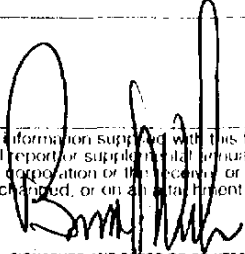
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LARRY J	1.2 NAME	
STREET ADDRESS	7901 LUDLAM RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SO MIAMI FL 33143	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUTSCH, ELLIOT J	2.2 NAME	
STREET ADDRESS	7901 LUDLAM RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SO MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	EXVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILNER, BRUCE S.	3.2 NAME	
STREET ADDRESS	7901 LUDLAM RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SO MIAMI FL 33143	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplement thereto 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:  **BRUCE WILNER** 5/22/98 (305) 666-0642

CR2E034 (10/97)