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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L95451 (5)

1. Corporation Name
DELI KING, INC.

Principal Place of Business
4520 LAND O' LAKES BLVD
LAND O' LAKES FL 34639

Mailing Address
P.O. BOX 855
LAND O' LAKES FL 34639-0955
US



3. Date Incorporated or Qualified 08/22/1990
3a. Date of Last Report 06/18/1996

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

4. FEI Number 59-3029857
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

9. Name and Address of Current Registered Agent
WILLIAMS, ALBERT C. JR. ESQ
1311 N WESTSHORE BLVD
SUITE 313
TAMPA FL 33607

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 reinstating) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE P
1.2 NAME CASTRO, LAWRENCE R.
1.3 STREET ADDRESS 14704 LAKE MAGDELENE CIR
1.4 CITY-ST-ZIP TAMPA FL
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY-ST-ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY-ST-ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY-ST-ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5 TITLE ☐ Change ☐ Addition
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY-ST-ZIP
1.9 TITLE ☐ Change ☐ Addition
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY-ST-ZIP
1.13 TITLE ☐ Change ☐ Addition
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY-ST-ZIP
1.17 TITLE ☐ Change ☐ Addition
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Lawrence R. Castro 3-31-97 813-962-6124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)