

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 AUG 11 PM 4:11

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # P96000049351 (5)  
 1. Corporation Name  
**GOURMET QUARTERS, INC.**



Principal Place of Business: 2801 LEPRECHAUN LANE, PALM HARBOR FL 34683  
 Mailing Address: 2801 LEPRECHAUN LANE, PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2801 Leprechaun Ln.		26 35246 U.S. 19 N. #222 Palm Harbor, Fl. 34684		06/10/1996		none previous	
22		27 # 222		4. FEI Number		Applied For	
23 Palm Harbor, Fla.		28 Palm Harbor, Fla.		59-3384051		Not Applicable	
24 34683 USA		29 34684 USA		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 owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DALY, SUSAN W  
 2801 LEPRECHAUN LANE  
 PALM HARBOR FL 34683

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 607.1506, 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	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, SUSAN W	1.2 NAME	
STREET ADDRESS	2801 LEPRECHAUN LANE	1.3 STREET ADDRESS	700002267027--0
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	-08/14/97--01059--019
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	****165.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tillie Boothby	2.2 NAME	
STREET ADDRESS	1424 Seagull DR. # 306	2.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, Fl.	2.4 CITY-ST-ZIP	
TITLE	Sec. Treas. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Daly	3.2 NAME	
STREET ADDRESS	2801 Leprechaun Ln.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, Fl. 34683	3.4 CITY-ST-ZIP	
TITLE	Board member (officer) <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee Ann Daly	4.2 NAME	
STREET ADDRESS	55 W. 92nd St. # 2B	4.3 STREET ADDRESS	
CITY-ST-ZIP	N.Y. N.Y. 10025	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 \_\_\_\_\_

CR2E034 (4/97)

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**Gourmet Quarters, Inc.**

35246 U.S. 19 North #222

Palm Harbor, Florida

34684

Dear Dept. of State,

This was the 1<sup>ST</sup> notification we have received for our new corporation, there was never a first one ... and I am not familiar enough with the State filings to know I needed this in January. I phoned your department upon opening this on Monday! The gentlemen advised me to mail \$165.<sup>00</sup> A.S.A.P. to this address.

Thank You sincerely,

Sue Daly