

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

**FILED**  
**May 05 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 # P96000050206 (7)**

1. Corporation Name  
**VALENTINE'S DELI, INC.**



Principal Place of Business  
**5521 E LONGBOAT BLVD  
 TAMPA FL 33615**

Mailing Address  
**5521 E LONGBOAT BLVD  
 TAMPA FL 33615-4220**

3. Date Incorporated or Qualified **06/10/1996**      3a. Date of Last Report **N/A**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3408230**      Applied For  Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCIVER, RICHARD S  
 1505 N FLA AVE  
 TAMPA FL 33602**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **D HILLS, HOLLY**  
 STREET ADDRESS **5521 E LONGBOAT BLVD**  
 CITY-ST-ZIP **TAMPA FL 33615**

1.1 TITLE **D/P**  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D KAMINSKI, GUY**  
 STREET ADDRESS **5521 E LONGBOAT BLVD**  
 CITY-ST-ZIP **TAMPA FL 33615**

2.1 TITLE **DIV/S**  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D QUICK, JUDY**  
 STREET ADDRESS **3015 E WATERS AVE**  
 CITY-ST-ZIP **TAMPA FL 33604-2229**

3.1 TITLE  Change  Addition  
 3.2 NAME **QUICK, JUDITH**  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D BOAZ, TIM**  
 STREET ADDRESS **344 E LAKE DRIVE**  
 CITY-ST-ZIP **LAND O'LAKES FL 34639-2229**

4.1 TITLE **D/T**  Change  Addition  
 4.2 NAME **BOAZ, TIMOTHY L.**  
 4.3 STREET ADDRESS **2807 W. AQUILLA ST.**  
 4.4 CITY-ST-ZIP **TAMPA, FL 33629**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE **D**  Change  Addition  
 5.2 NAME **PATRICIA L. MORRIS**  
 5.3 STREET ADDRESS **2264 Brenthaven**  
 5.4 CITY-ST-ZIP **Bloomfield Hills MI 48304**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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)(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 attached report with an address.

SIGNATURE:

*[Signature]* **HOLLY A HILLS 4/23/97 (813) 855-3244**

CR2E034 (9/96)