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Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 11727 N. Dale Mabry Hwy.
Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33618

Country

25 Hillsborough

2a. Mailing Address

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current 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 607.1308, 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 type for printed name of registered agent and the applicable

(ACOH - Registered Agent of Securities required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HILLS, HOLLY
STREET ADDRESS 5521 E LONGBOAT BLVD
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE DVS
NAME KAMINSKI, GUY
STREET ADDRESS 5521 E LONGBOAT BLVD
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME QUICK, JUDITH
STREET ADDRESS 3015 E WATERS AVE
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE DT
NAME BOAZ, TIM
STREET ADDRESS 2807 W AQUILLA ST
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME MORRIS, PATRICIA L
STREET ADDRESS 2264 BRENTHAVEN
CITY-ST-ZIP BLOOMFIELD HILL MI

☐ DELETE

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DT
BOAZ, TIMOTHY
2312 S. ARDSON PLACE
TAMPA, FL

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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 list of officers and directors.

SIGNATURE

HOLLY A. HILLS 4/4/98

CR2E034 (10/97)