FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90188 013 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V48084**

1. Corporation Name

PAVILLIC	ON FOODS, INC.							
Principal Flace	e of Business	Mailing Address	·		_		4 DYBS BENNI DIQUI BIBSI BI	EU EUNI BIBIL IBEL
7611 E CAUSEWAY BLVD 7611 E CAUSEWAY BLVD								
TAMPA FL 33619 TAMPA FL 33619						DO NOT WRITE IN THIS SPACE		
US U\$					-	. Date incorporated or Qualifed	E IN 1111S SPACE	
					3	•		
2. Dringing d.D.	loss of Business	2a. Mailing Address				06/29/1992 . FEI Number		Applied For
─ 1 '	lace of Business	26				59-3130762	H	Not Applicable
Suite Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.7	5 / dditional
22					5	. Certificate of Status Desired		Required
City & State City & State					6	i. Election Campaign Financing	<u> </u>	00 May Be
23	¬ · —					Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Coun	try	8	. This corporation owes the curre	· <u>-</u>	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	t Registered Agent		241 44	10). Name and Address of New Re	egistered Agent	
601	ACLLA MADV C			81 Name	MA	RY E. COMELLA	7	İ
COMELLA, MARY E.				82 Street Ad	ddress (P.O. Box Number is Not Acceptate	ole)	-
2901 SAN RAFAEL STREET				1060	<u>0 / </u>	WEIKRINGE Dr	<u> </u>	
IAM	PA FL 33629			83				
			f	84 City			F: 85 Z	Zip Code 3.36スも
					4 m P		F'L	3.8626
office or r agent 1 a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was a grious of, Section 907.0505, Fic	uthorized orida Statu	by the corporates.	ation's t	poard of directors, I hereby accept	tine appointment as	s registered
SIGNATURE	- Min E	and le company	- Ponietorod /	igent signature re-	uired when	reinstahn()	Z / 3 / 9 9	Z
12.	Signature, typed or printed rame of registered age	D DIRECTORS	13.	gant orginater o to the	and this	ADDIT ONS/CHANGES TO OFF	ICERS AND DIREC	CTCRS IN 12
TITLE	PT	☐ DELETE	1.1 TITL	E -			☐ Chan	ige 🔲 Addition
NAME	LIGGIO, VINCENT A		1.2 NAM	Æ				
STREET ADDF ESS	TOTAL TO CALIFFRANCE PLANT			EET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33619		1.4 CIT	r-ST-ZIP				
TITLE	VS	☐ DELETE	2.1 TIT	E			☐ Chan	ige
NAME	LIGGIO, RACHEL M		2.2 NA	Æ.				
STREET ADDF ESS	7611 E. CAUSEWAY BLVD		2.3 STF	EET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33619		2. 4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL	.E			Chan	ige
NAME			3.2 NA	AE.				
STREET ADDF ESS			3.3 STF	REET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE		☐ DELETE	4 1 TITI	E			☐ Chan	nge
NAME			4. 2 NA	ME				
STREET ADDRESS			4 3 STF	REET ADDRESS				
CITY-ST-ZIP			44CIT	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TITI				☐ Chan	nge 🗌 Addition
NAME			5.2 NA					
STREET ADDF ESS				REET ADDRESS				
CITY-ST-ZIP		·		Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TITI	1			☐ Chan	ige
NAME			6.2 NA					
STREET ADDF ESS			6.3 STF	REET ADDRESS				

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 am an office 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 (813) 664 1140