FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **566831** **(4)**

1. Corporation Name

FOOD SPOT NO. 40 INCORPORATED

Principal Place of Business	Mailing Address
7901 LUDHAM RD S MIAMI FL 33143	7901 LUDHAM RD S MIAMI FL 33143

3. Date Incorporated or Qualified: **03/03/1978**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1819271** ☐ 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

BRUCE WILNER
7901 LUDLAM RD
S MIAMI, FL
MIAMI FL 33143

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	HARRIS, LARRY J		1.2 NAME		
STREET ADDRESS	7901 LUDHAM RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	S MIAMI, FL 00000		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEUTSCH, ELLIOT J		2.2 NAME		
STREET ADDRESS	7901 LUDHAM RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	S MIAMI, FL 00000		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	EXECUTIVE VP	☑ Change ☐ Addition
NAME	WILNER, BRUCE S.		3.2 NAME		
STREET ADDRESS	7901 LUDLAM RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	S MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	600001813196	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-05/08/96--01045--0[redacted]	
TITLE		☐ DELETE	5.1 TITLE	***200.00	☐ Change ☐ Addition
NAME			5.2 NAME	30	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		JE 5.1
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4/23/96 3056660612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)