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

PROFIT CORPORATION ANNUAL REPORT **1997**

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J63965

(4)

CANTON FOOD ENTERPRISES, INC.								
Principal Place	of Business	Mailing Address			1 1001110 0110 0110 11110 10110 0110 0110	OLDAN ONDIA OLDAN I		OTOTI 1881
8005 N.W. 9079 MEDLEY FL 331		8005 N.W. 90TH ST. MEDLEY FL 33166-2113						
					3. Date incorporated or Qualified 03/26/1987	3a. Date o		eport
2. Principal 6	ace of Business	2a. Mailing Address		·····	4. FEI Number			plied For
21		26						t Applicable
City & State		Suite, Apt. #, etc.		·	5. Certificate of Status Desired	<u> </u>	Fee Re	<u>'</u>
		City & State			Election Campaign Financing Trust Fund Contribution	· · · · · ·	\$5.00 Added t	
23] Zip	Country	28	Countr	y	8. This corporation has liability for its corporation as the second			
24	25	29	30] Yes 🔲 N		
	9. Name and Address of Curr	ent Registered Agent		·	10. Name and Address of New Re	gistered Age	nt	
ED V	MEDER		81	Name	-			
325 N. KROME AVE HOMESTEAD FL 33030			82	Street Add	ress (P.O. Box Number is Not Acceptat	ie)		
			83					
			84	City		FL ⁸	5 Zip (Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	utes, the abov	e-named corp	poration submits this statement for the p	urpose of cha	inging it	s registered
office or re agent if ar	egistered agent, or both, in the Sta in familiar with, and accept the obl	ite of Florida. Such change wa igations of, Section 607.0505,	s authorized b Florida Statute	y the corporal s.	tion's board of directors. I hereby accep	ot the appointment	ment as	registered
SIGNATURE	Signature, typechor printed name of registered (arount and to all producable. (A)	OTE: Dunietered As	ant sinnet us toout	red when reinstating!	DATE		
12.		ND DIRECTORS	13.	cut signature requi	ADDITIONS/CHANGES TO OFFIC		RECTOR	S,IN 12
THUE	D	DELETE	1.1 TITLE				Change	Addition
NAME	NG, ALLAN		1.2 NAME					
STREET ADDRESS	2614 PONCE DE LEON BY		1.3 STREE	T ADDRESS				
CHY-ST ZIF	CORAL GABLES FL		1.4 CITY -	ST - ZIP	***************************************			
THILE		DELETE	2.1 TITL€			L	Change	Addition
NAME Objects to the following			2.2 NAME					
STREET ADDRESS			i i	T ADDRESS				
LICHTY STEZIE		DELETE	2.4 City 3.1 TITLE	-SI-ZIP			Change	Addition
NAME			3.2 NAME			_	•	
STREET ADDRESS			3.3 STREE	T ADDRESS				
CHY-ST ZIF			3.4. CITY	ST-ZIP				
UILE		DELETE	4.1 TITLE				Change	Addition
NAMi			4. 2 NAM					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CHY-SI-7P		Driete	4.4 CITY -	ST-ZIP			<u> </u>	1 1 1 2 2 2 2 2
1-171		☐ DELETE	51 TITLE				Change	Addition
NAME DEDICT ADDRESS			5.2 NAME					
SPREET ADDRESS				T ADDRESS				
CHY-SI-77		DELETE	54 CITY- 61 TITLE	91-11r		1	Change	Addition
NAME		hand - out 14	62 NAME			_	· · · · · · ·	
STREET ACIDRESS				T ADDRESS				
City-SI-ZiP			64 CHTY-					
14. Edo heret	y certdy triat the information supp	lied with this filing does not qu	alify for the ex	emption states	d in Section 119.07(3)(i), Florida Statute	s. I further cer	tify that	the
farman of		or the receiver or trustee emp-	owered to exe		t my signature shall have the same legart as required by Chapter 607, Florida S			