

FIRST NOTICE
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG -8 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000012559 (6)

1. Corporation Name
FLIGHTLINE SUBS & DELI, INC.

Principal Place of Business

13350 SW 288TH STREET
HOMESTEAD FL 33033-1927

Mailing Address

13350 SW 288TH STREET
HOMESTEAD FL 33033-1927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/09/1996 3a. Date of Last Report First Year Report

4. FEI Number 65-0643264 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 28600 SW 132 AVE.	26 P. O. Box 322044
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #240	27
City & State	City & State
23 Homestead, FL	28 Homestead, FL
Zip	Zip
24 33033	29 33032-1344
Country	Country
25 DADE	30 DADE

9. Name and Address of Current Registered Agent

CARDINELL, DEBORAH C
28600 SW 132ND AVENUE STE 240
HOMESTEAD FL 33033
(305) 246-8777

10. Name and Address of New Registered Agent

81 Name	N/A
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 Deborah C. Cardinell President/Treasurer

08/02/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah C. Cardinell	1.2 NAME	
STREET ADDRESS	28600 SW 132 Ave., #240	1.3 STREET ADDRESS	500002266345--9
CITY-ST-ZIP	Homestead, FL 33032-1344	1.4 CITY-ST-ZIP	-08/13/97--01106--010
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	****165.00 ****165.00
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah C. Cardinell	4.2 NAME	
STREET ADDRESS	28600 SW 132 Ave., #240	4.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33033	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 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 attachment with an address.

SIGNATURE: Deborah C. Cardinell President/Treasurer 08/02/97 305/246-8777

CR2E034 (4/97)