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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J58608

(7)

FILED Apr 27 1998 8:00am Secretary of State

MOUSE	TRAP DELI INC.	• •		I (CANADA BASA BASA BASA BASA BASA BASA BASA B	(4) #181) B.(8) 8 (8) 8 (8) 488
Principal Place	e of Business	Mailing Address			191 101911 101911 101911 10191F 10191
7205 ESTERO BLVD 7205 ESTERO BLVD FT MYERS BEACH FL 33931 US		7205 ESTERO BLVD 7205 ESTERO BLVD FT MYERS BEACH FL 33931 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
00		Ų3		02/24/1987	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2769280	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28]		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25 25 Name and Address of Current	29 3 Registered Agent	101	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
00	 	nogacijaa Agam	81 Name	10. Hamo and Hadross of How Hogistore	· ragorii
	TTER, RICHARD T.				
6100 ESTERO BLVD FT MYERS BEACH FL 33931			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
rı	MIENS DEACH FL 33831		83		
			-		
			84 City	Fi	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607,1508, Florida Statutes	the above-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	
office or re	e giste red agent, or both, in the State (In fam iliar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505. Florid	thorized by the corporation	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE					
BIGINATURE .	Signature, typed or printed name of registered agen	e and tile it applicable. (NCTE: F	Registered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	L DELETE	1.1 TITLE		Change Addition
NAME	GRECO, JAMES T		1.2 NAME		-
STREET ADDRESS	3902-3RD AVE		1.3 STREET ADDRESS		}
CITY-ST-ZIP	BROOKLYN NY 11232	T becare	1,4 City-St-ZiP		1
TITLE	STD	DEFELE	2.1 TITLE	PROO TERRORY T	Change Addition
NAME	GRECCO, JEFFREY J			RECO, JEFFREY J.	
STREET ADDRESS	1700 YORK AVE		2.3 STREET ADDRESS		į
CITY-ST-ZIP TITLE	NEW YORK NY	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	The state of the s	Change Addition
NAME	VPD MCDANIEL, CAROLE G	in percie	3.2 NAME		Olidigo NoditiOil
STREET ADDRESS	1145 WESTERN AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BEAVER PA		3.4. CITY-ST-ZIP		
TITLE	DEATER FA	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		- ·	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - ST - ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-SI-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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.