FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 09 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **POCUMENT #** (5)340361 FINGER LICKIN FOOD CORP. Principal Place of Business Mailing Address 9401 S W 80TH AVE 9401 S W 80TH AVE MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/20/1969 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For SAME AS ABOVE Suite, Apt. W. etc. Not Applicable 59-1274665 \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Ζιp Country 8. This corporation owes or has paid the current year intangible 25 Personal Property Tax due June 30. Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 NAAMAN, BARRY 9401 SW 80 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature requi ed when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1 1 TITLE TITLE NAAMAN, FRED A. 1.2 NAME NAME 9401 S. W. 80TH AVE STREET ADDRESS 13 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME NAAMAN, BARRY 2.2 NAME STREET ADDRESS 9401 S. W. 80 AVE 2.3 STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE Change Addition TITLE 3 1 DILE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** 

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.

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-S1-ZIP

TITLE NAME

DELETE

Change

Addition