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 # 365929

(9)

FOODSYSTEMS, INC.

Apr 30 1998 8:00am
Secretary of State

FILED



Principal Place of Business Mailing Address						F INDION OLILO BILDE NILLE LOUIN UNDE INTE NINE	i birii girii dibii dibii bi	
5331 SW 92 : MIAM! FL 331 US		5331 SW 92 STREET S. MIAMI FL 33156 US				DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualified		
		· · · · · · · · · · · · · · · · · · ·		-		06/22/1970		
—	lace of Business	2a. Mailing A	doress			4. FEI Number	r	Applied For
Suite, Apt.	# atc	26 Sudo An	# 010			59-1370247		Vot Applicable
22	#, G (C.	∤	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	6	City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	<u> </u>			Trust Fund Contribution Added to Fees		
Zip Country		Z ₁ p	···) — — — ·			8. This corporation owes or has paid the current year Intangible		
24	25 29 30 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
<u> </u>		ent Registered Age	<u>nt </u>	B1	Name	10. Name and Address of New Hegiste	red Agent	
	EENFIELD, IRVING (JR)				INGILIE			
	31 S W 92 Street Ami FL 33156				Street Address (P.O. Box Number is Not Acceptable)			
inter-	JMI 1 E 00100			83				
ļ				84	City	<u> </u>	05 7%	Code
				04	City	:	FL 85 Zip	Code
office or n agent. I a SIGNATURE	to the provisions of Sections 607 05 ogistered agent, or both, in the Star familiar with, and accept the obli-	te of Florida. Such c igations of, Section (nange was autho 107.0505, Horida	rized by Statutes	y the corpora s.	poration submits this statement for the purpo- ation's board of directors. I heroby accept the	se of changing appointment a	its registered s registered
12.		ND DIRECTORS		13.	Ti bigitti di Todi	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	\$D		DELETE	11 TITLE	·		☐ Change	
NAME	GREENFIELD, ANN L			1 2 NAME				
STREET ADDRESS	5331 SW 92 STREET			1 3 STREET	ADDRESS			
CITY-ST-ZIP	SOUTH MIAMI FL			1.4 CITY - S	T - ZIP			
TITLE	PD		DELETE	2.1 TITLE			Change	☐ Addition
NAME	Greenfield, Irving (JR)			2 2 NAME				
STREET ADDRESS	5331 SW 92 STREET			2.3 STREET	ADDRESS			
CITY-ST-ZIP	SOUTH MIAMI FL			2 4 CITY-5	ST- ZIP			
TITLE		L_	1	9.1 TITLE			☐ Change	Addition
NAME				3.2 NAME	Incoses.			
STREET ADDRESS				3.3 STREET				ļ
CITY-ST-ZIP TITLE				3.4. C(1Y - 5 4.1 TITLE	SI-ZIP		Change	Addition
NAME		_	1	4. 2 NAME	ŀ		anangs	
STREET ADDRESS				4 3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	}			
TITLE				5.1 TITLE			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			1
CITY-ST-ZIP			B .	5.4 CITY - S]
TITLE				6.1 TITLE			Change	Addition
NAME			<u> </u>	6.2 NAME				ļ
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - S	T-ZIP			

14. I 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 eath; 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.