# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:15

DOCUMENT # 394538 (3)

1. Corporation Name
**BIG IRV'S FARMER'S MARKET, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 821 N. FEDERAL HWY.<br>HALLANDALE FL 33009 | 821 N. FEDERAL HWY.<br>HALLANDALE FL 33009 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1972
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21: Same
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-1454496 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PETRUZZELLI, ANN
4009 NE 34TH AVE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Arlene Anzalone
82 Street Address (P.O. Box Number is Not Acceptable): 11221 Calleview Drive
83:
84 City: Coral Springs FL 85 Zip Code: 33071

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: Ralph Petruzzelli DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | P<br>PETRUZZELLI, RALPH<br>821 N. FED. HWY<br>HALLANDALE FL | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | P<br>Ralph Petruzzelli, JR<br>821 N. Fed. Hwy<br>Hallandale Fl. | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | S<br>PETRUZZELLI, ANNA<br>821 N. FED HWY<br>HALLANDALE FL | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | S<br>Arlene Anzalone<br>821 N Fed. Hwy<br>Hallandale, Fl | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | VP<br>Michael DiBello<br>821 N. Fed Hwy<br>Hallandale Fl. | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | REMITTED BY MAY 1 | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Arlene Anzalone Secretary 1/9/95 305-458-0870
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

007/0971 CP