FILE NOW: FILING FEE AFTER MAY	1	1	IS	\$225.0	0
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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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DOCUN 1. Corporation	MENT # 4037	73 (5)									
FOOD	SPOT #24, INC.										
									4 4		
Principal Place of Business Mailing Address											
,		Mailing Address									
7901 LUDLA1 SO MIAMI FI		7901 LUDLAM RD SO MIAMI FL 33143									
					3. Date Incorporated or	Qualified	3a. Date of	i net D	lonost 1		
					06/26/1972	Qualifico)1/19			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		1 00,0	·~ + · · · · · ·	Applied For		
21	26				59-1400673	59-1400673			Not Applicable		
	Suite, Apt. #, etc. Suite, Apt.				5. Certificate of Status i	Desired		,	Additional		
City & State	}	City & State			& Floriton Compaign F	*******			Required		
23		28	1			6. Election Campaign Financing Trust Fund Contribution Added to					
Zip	Country	Zip	Cou	ntry	8. This corporation has		ntangible tax u		~		
24	25	29	30		Florida Statutes		□No				
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address	of New R	legistered Ag	∍nt			
WIII AIFO	DDU ○C			81 Name							
	, BRUCE JDLAM ROAD			82 Street A	Address (P.O. Box Number is No	t Acceptab	le)				
SO MIAI			•	83							
MIAMI F	-						· · · · · · · · · · · · · · · · · · ·				
				84 City			FL	85 Zq	p Code		
11. Pursuant to	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo	02 and 607.1508, Florida Statut	es, the abo	/e-named co	progration submits this statement	for the pur	pose of chang	ng its r	egistered office		
familiar wit	h, and accept the obligations of, Se	ection 607.0505, Florida Statutes	i.	orporation s	board or directors, I hereby acce	prime appo	omument as reç	ıstered	agent. i am		
SIGNATURE _											
12.	Signature, typed or printed name of registered agent and onle if applicable (NOTE, Rigistere OFFICERS AND DIFECTORS 13.		·	Agent signature ri	equired when reinstatings ADDITIONS/CHANGE	S TO OFF	DATE CEIDS AND OIL	DECTO	DE IN 12		
TITLE	PD	DELETE	1.11	ILE	DIXECTOR	.3 10 011		hange	Addition		
NAME	HARRIS, LARRY J		1.2 NA	ME				,			
STREET ADDRESS	7901 LUDLAM RD		1.3 \$1	REET ADDRESS				1			
CITY-ST-ZIP	S MIAMI, FL 00000		1.4 CI	Y-ST-ZIP							
TITLE	V SELECT I	☐ DELETE	2.1 T					Change	Addition		
NAME	DEUTSCH, ELLIOT J 7901 LUDLAM RD		2 2 NA								
STREET ADDRESS CHTY-ST-ZIP	S MIAMI, FL 00000			REET ADDRESS							
TITLE	V	DELETE	3, 1 10	Y-ST-ZIP	GRECHTIVE V	~	بهات	hange	- Addition		
NAME J	WILNER, BRUCE S.		3 2 NA				۱۵۱	go			
STREET ADDRESS	7901 LUDLAM RD.			REFT ADDRESS							
CITY-ST-7/P	S. MIAMI FL			Y-\$T-ZIP							
TITLE		[] DELETE	4 1 70	LE				nange	☐ Addition		
NAME			4.2 NA	Mξ							
STREET ADDRESS			1	REET ADDRESS							
CITY-ST-ZP TITLE		DELETE		Y-ST-ZIP			Fi 7	`hann	f Addition		
NAME		L'Il petrit	5 1 TI 5 2 NA		60000	1181	[915]	Change	Addition		
STREET ADDRESS				NEET ADDRESS	60000 -05/08/9	6010	145024	الاستية			
CITY-ST-ZiP				Y-ST-ZIP	***200.00)					
TITLE		[] DELLETE	6 1 11					hange	Addition		
NAME			62 NA	ME					2,		
STREET ADDRESS			6351	REET ADDRESS				-	7511		
CITY-ST-ZIP	anadis that the later will be		6.4 CH	Y-ST-71P							
TH. TOO nereby	certify that the information supplied	a wiat this h ing is voluntarily fum	isned and d	ices not qua	ary for the exemption stated in Se	ection 119.	U7(3)(k), Florida	. Statut	es I further		

certify that the information indeated on this annual report for 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 discurred 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 attention with an address. 4/23/96 30566842 Date Day true Phone #

SIGNATURE: __

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)