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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 458497

1. Corporation Name

BRANDYWINE DELICATESSEN, INC.

Principal Place	e of Business	Mailing Address				t 1981ti middt Bridt (Bibt dinin inti cant den	(2181) 91911 21211 1	11011 191911 1961		
505 PARK AVE N. WINTER PARK FLORIDA 32789 505 PARK AVE N. WINTER PARK FLORIDA 32789										
			2789				DO NOT HIDITE IN THE SPACE			
						ļ	DO NOT WRITE IN TH	IS SPACE		1
							3. Date Incorporated or Qualifed			
							07/24/1974		-U C	-
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	Applied For Not Applicable		
21		26					59-1571832		Additional	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired	·	aquired	
22		27 Situ 8 State								{ −-
City & Stat	te	City & State					6. Election Campaign Financing	T	May Be to Fees	
23	0	28	Cou	ntn/			Trust Fund Contribution		IO FEES	1
Zip —¬	Country	——————————————————————————————————————			Juliuy		This corporation owes the current year Personal Property Tax.	l⊓tangible □Yes	□No	
24 25 29			30	<u>'l</u>			10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent	_	81	Name		10. Name and Address of New Registers	d Agent		1
WRI	GHT,DONALD F.			"	Name					
	SOUTH ORANGE AVENUE			82	Street Ad	Address (P.O. Box Number is Not Acceptable)				
ORLANDO FLORIDA 32802				83					1	
OnL	ANDO I LONIDA 32002			83						1
				84	City				Code	1
						·	F	— i		-
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was a	uthorized	l by I	the corpor:	orpor ation	ation submits this statement for the purpose is board of directors. I hereby accept the ap	pointment as re	gistered	
_	in ignitial with, and doopt the obligat	iono on observe or ready								1
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered	Agent	signature req	uired w	then reinstating) DATE		<u> </u>	J 6
12.	OFFICERS AN	D DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS			5
TITLE	PD	☐ DELETE 1.1°		.1 TITLE				Change	☐ Addition	1 5
NAME	FRANKENBERGER, JACK		1.2 NAM							1 6
STREET ADDRESS	659 SARANAC DR	RANAC DR		1.3 STREET ADDRESS						ម្ច
CITY-ST-ZIP	WINTER SPRINGS FL	1.4		1.4 CITY-ST-ZIP			·			
TITLE	D	☐ DELETE	2.1 TITLE					Change	Addition	١٠
NAME	FRANKENBERTGER, JOAN A		2.2 NA	ME						
STREET ADDRESS	659 SARANAC DR		2.3 S		TADDRESS					
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 C	2. 4 CITY: ST-ZIP,					/	.]
TITLE		☐ DELETE	3.1 TITLE			52	CT-TER	☐ Change	Addition]
NAME			3.2 NA	ME		人	JANCY L NIDOE 109 COVINGTON ST. VEIDO FL 82165			
STREET ADDRESS			3.3 ST	REET	ADDRESS	1	109 COVINGTON 5%.			
CITY-ST-ZIP				4. CITY-ST-ZIP		Ö	VEIDO FL 82765		•	
TITLE				TITLE				Change	Addition	1
NAME			4.2 N							{
					ADDRESS					1
STREET ADDRESS				TY-ST						
CITY-ST-ZIP			5.1 TC	_	- LIF			☐ Change	☐ Addition	1
TITLE		C. OCELE	5.1 N					•	_	1
NAME STREET ADDRESS					ADDRESS					1
STREET AUURESS	1									1

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 supplierrental 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 s, with all other like empowered Block 12 or Block 13 if changed,

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

NAME

JACK R" FRANKENBERGER

DELETE

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90044 003 ***150.00

☐ Addition