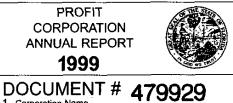
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90164 012 \*\*\*150.00

Corporation	i Mairie						
GEORGE	E LAZARUS MEATS, INC.			2 JURENI AZANI NGRIK NANIK NANIK NANIK NGRIK NANIK	)   1808   1618   1828   18	I <b>e</b> ri Bibli kebi	
			_				
Principal Place	of Business	Mailing Address		1 144111 01011 18 014 (8114 10110 10814 1911 01011	. Arāri eleli erāri e	imii <b>d</b> idii 1001	
% EPICURE MARKET, INC. % EPICURE MARKET, INC.							
1656 ALTON ROAD 1656 ALTON ROAD MIAMI BEACH FL 33139 MIAMI BEACH FL 33139				DO NOT WRITE IN THIS SPACE			
MIAMI BEAUTI	1 33139	MINIMI DENOTI LE 30103		3. Date Incorporated or Qualifed			
<b>1</b>				07/01/1975			
	ace of Business	2a. Mailing Address		4. FEI Number	App	plied For	
21 40 E	+ L THAL	26 CO E + L T Suite, Apt. #, etc.	HAL	59-1956087		Applicable	
				5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
22 1674 ALTON KOAD ST. 100 27 1674 ALTON RE City & State City & State			AO ≤T. 100	2 ≤7. /0 o Fee Requ			
City & State	9 - 2 - 2 - 11 - F-1 -	City & State	WH E	6. Election Campaign Financing	\$5.00 ( Added to		
23 77 (777	Ountry	28 MI AMI BEA	Country	Trust Fund Contribution		rees	
<u> </u>	·		o vsa	<ol> <li>This corporation owes the current year leaders.</li> <li>Personal Property Tax.</li> </ol>	ntangible ☐ Yes	<b>⊠</b> No	
24 3313	9. Name and Address of Current	<u></u>		10. Name and Address of New Registered			
			81 Name				
FELDMAN, RICHARD 82 Street Add				TCHELL THAL dress (P.O. Box Number is Not Acceptable)			
1656	ALTON RD .		C/O 13+	-LTHAL			
			84 City	H ALTON ROAD ST. 100  II BEACH, FL 85 Zip Code 33139			
			MIAM	n Beach, Fi	L   33	Code 3 1.39	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above named co	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its	registered-	
office or re	n familiar with and accept the obligation	on 85 don 607.0505, Flori	da Statutes.	12.	- 02	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				9-20	9 <i>-77</i>		
	Signature, typed or printed name of registered agent		Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
12. TITLE	PTD OFFICERS AND	DELETE	1.1 TILE	ADDITIONS/DITARGED TO STITULE TO	[] Change	Addition	
NAME	THAL, MITCHELL		1.2 NAME			_	
STREET ADDRESS	3100 PRAIRIE AVE		1.3 STREET ADDRESS			1	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP				
TITLE	VSD	☐ DELETE	2.1 TITLE		Change	Addition	
NAME	THAL, HARRY		2.2 NAME				
STREET ADDRESS	5435 ALTON RD		2.3 STREET ADDRESS			}	
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY-ST-ZIP	_			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition	
NAME			3.2 NAME			-	
STREET ADDRESS			33 STREET ADDRESS			j	
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME	·		4 2 NAME			}	
STREET ADDRESS	ı		4.3 STREET ADDRESS				
CITY-ST-ZIP		[] severe	4.4 CITY-ST-ZIP		[] Change	□ Addition	
TITLE		☐ DELETE	5.1 TITLE	•	Change	☐ Addition (	
NAME	l		5.2 NAME				

6.4 CITY-ST-ZIP CITY-ST-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 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, with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition