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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #
1. Corporation Name 560921

(9)

FOOD FACTORY, INC. OF LAUDERHILL									
Principal Place of Business Mailing Address						I CORNOL DIVING BIXILI BENDE CONNO NUDER	HUI BIBH DIVII VIVII O	ANIT BIRKE NIRIT INNI	
1741 SW 53RD AVE PLANTATION FL 33317 PLANTATION FL 33317			ı						
						3. Date Incorporated or Qualified 03/01/1978	3a. Date of Las 04/19/1	· · · · · · · · · · · · · · · · · · ·	
2. Principal Pla	oe of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	Applied For		
21 26					59-1830571		Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	<u></u>			6. Election Campaign Financing	, ,	.00 May Be	
23		28	Zip Country			Trust Furio Contribution — Added to Fees			
Zip	Country	Country Zip C		intry	ntry 8. This corporation has liability for intangible tax under s 199. Florida Statutes Yes No		rs 199.032,		
24	9. Name and Address of Current Registered Agent		1301			10. Name and Address of New R			
	g. 11a.11a 41a 11a.10a	The state of the s		81	Name				
KATZ, EDWARD A.				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	UTHWEST 53RD AVENUE			83					
PLANIA	TION FL 33317			63					
				84	City		FL 85	Zip Code	
or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was authoriz	ed by the o	ove-r corp	named corporation's board	tion submits this statement for the pur of directors. I hereby accept the appo	oose of changing f pintment as registe	ts registered office red agent. I am	
SIGNATURE _									
	Signature, typed or printed name of registered agor			Agen	t signature required v		DATE		
12.	· ·	ND DIRECTORS DELETE	13.	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC		
TITLE	PD MATZ EDWADD A						Chang	K [] Kadillosi	
NAME	KATZ, EDWARD A. 1741 S W 53RD AVENUE			1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	PLANTATION FL								
CITY-ST-ZIP TITLE	ST DELETE			1.4 CITY-ST-ZIP 2.1 TTLE			[Chan	ge Addition	
NAME	KATZ, EDWARD A.			2 2 NAME				, _	
STREFT ADDRESS	1741 S W 53RD AVENUE			2 3 STREET ADDRESS					
CITY-ST-ZIP	PLANTATION FL		t		iT-ZIP				
TITLE	1 Dutificitie	☐ DELETE	3 1 1		71 11		Chan	ge Addition	
NAME			3 2 N						
STREET ADDRESS			33 5	TREET	T ADDRESS				
CITY-ST-ZIP			34 C	ITY-S	iT-ZIP				
TITLE		DELETE	4. 1 T	ITLE			☐ Chan	ge	
NAME			4.2 N	AME					
STREET ADDRESS			4.3 S	REET	ADDRESS			:	
C(TY-ST-Z(P			4.4 C	ITY-S	IT-ZIP				
TITLE	· 	DELETE	5.17	TLE			Chan	ge 🗌 Addition	
NAMÉ			5.2 N					j	
STREET ADDRESS			5.3 S	REET	ADDRESS			•	
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DELETE	6. 1 7				Chan	ge 🔲 Addition	
NAME			62 N						
STREET ADDRESS					ADDRESS				
CiTY-ST-ZiP	y partify that the information synalism	s with this films is unlimbarily film			ST-ZIP]	r the exemption stated in Section 119.	07(3)(k) Florida St	atutes I further	
THE TOURSE	y contray tricat trico influentiation aupplied	, man tens ming is voluntarily for	" I TO OUT	تحت	Silve quality 10	. and champion diamon in addition 1 10.	(0)(1)		

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 trueled 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 proportion or the receiver or trueled 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 proportion or the receiver or trueled empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: NO OFFICER OR DIRECTOR