FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name (9)

FILED Apr 16 1998 8:00am Secretary of State

FOOD	FACIORY	, INC. OF LAUDER	(HILL									
Dringing Disc.	o of Duning			ailing Address					{			
Principal Place of Business				Mailing Address								
1741 SW 53RD AVE PLANTATION FL 33317				1741 SW 53RD AVE PLANTATION FL 33317								
PERMITTOR PC 99917				PENNIKHON PE 33317					DO NOT WRITE IN THIS SPACE			
*									3. Date Incorporated or Qualified			
									03/01/1978			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	F	Applied For	
21				26					59-1830571 Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional	
22				27							Required	
City & State				City & State					6. Election Campaign Financing		May Be	
Zip Country			28]	Zip Country					Trust Fund Contribution	· - · · · · · · · · · · · · · · · · · ·	to Fees	
_	-	25		2 (b)	30	Junitry			This corporation owes or has paid the Personal Property Tax due June 30.		nlangible No	
24 25 25 Name and Address of Current			29 I Regis						10. Name and Address of New Registered Agent			
ΛV.							Name					
KATZ, EDWARD A. 1741 So uthwest 53RD avenue												
PLANTATION FL 33317							Street /	Addres	iss (P.O. Box Number is Not Acceptable)			
,	MINION	, F 00011				83						
						84						
							City		F	L 85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the						above	e-named	corpo	ration submits this statement for the purposi	e of changing	its registered	
office or re	e ciste red ad	ent, or both, in the State th, and accept the obliga	of Florid	da. Such change was	authoriz	ed by	z the corp	xoratio	n's board of directors. I hereby accept the s	ppointment a	is registered	
	111) Q ()),,,,,,,	on, and accept the civinge	110/10/01	1, 00011071 007 10000, 17	0,100 0,1		J .					
SIGNATURE	Signature, typicid	or printed name of registered ager	d and lele	if applicable (NO	E Register	red Ago	ont signature	toquired	I when reinstating) DAT		·]	
12.		OFFICERS AND	DIREC		13				ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PD			DELETE 1.1			.1 TITLE			☐ Change	Addition	
NAME KATZ, EDWARD A.				1.2 N/								
STREET ADDRESS 1741 S W 53RD AVENUE				1357			ADDRESS					
CITY-ST-ZIP		TION FL				CITY-S	T-ZIP		<u></u>			
TITLE	ST			☐ DELETE	21	TITLE				L Change	Addition	
NAME	KATZ, EDWARD A.			221			2.2 NAME					
STREET ADDRESS				2351			ADDRESS					
CITY-ST-ZIP	PLANTATION FL						2 4 CITY-ST-ZiP				1 4 4 5 2 5	
TITLE				☐ DELETE		TITLE				L. Change	Addition	
NAME						NAME	- 1				Į	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Drugge		DITY-S	ST-ZIP			Charrie	Addition	
TITLE				☐ DELETE		THLE				Change	Addition	
NAME					4	NAME						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	_ _			DELETE		CITY-S	3T - ZIP		·	☐ Change	Addition	
TITLE				☐ DELETE	1	TITLE				C ∩ crange	L Addition	
NAME					- 1	NAME						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		DELETE		CITY-S	31 - ZIP			☐ Change	Addition	
TITLE				F"1 DETEIL	- 1	TITLE	ļ			crange	Addition	
NAME AVECT APPROVE					1	NAME	NO DECAR					
STREET ADDRESS					•	STREET OITV. S	ADDRESS					
CHY. CL. 7ID					= 61	i i i v . C	. 110					

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 autoress.)