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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	FOODS, INC.	9 (9)			
Principal Place	e of Business	Mailing Address			is miðir diðis diðir þíðil (83)
1600 SOUTH STATE RD. #7 1600 SOUTH STATE RD. #7			#7		
FT.LAUDERDALE FL 33317 FT.LAUDERDALE FL 33317					
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
9 Principal P	face of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	10/30/1978 4. FEI Number	Andred For
· ·	IACE OF BUSINESS	26 Maining Address		,	Applied For Not Applicable
21 26 Suite, Apt. #, etc Suite, Apt. #, etc.			59-1862536	\$8.75 Additional	
27			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 28		28		Trust Fund Contribution	Added to Fees
Žip	Country	Zψ	Country	8. This corporation owes or has paid the co	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					Agent
BIGGS, CHRISTOPHER N. 81 Name					
1600 S STATE RD #7			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33330			<u> </u>		
			83		
			84 City		85 Zip Code
dd Daniel		0 CO7 1000 Florida Olat		FI	■
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature typed or printed name of registered age	not and title if explicable [NO]	E. Registered Agent signature requ	uired when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	BIGGS, CHRISTOPHER N		1.2 NAME		()
STREET ADDRESS	2825 SW 117TH AVE		1.3 STREET ADORESS		İ
CITY-ST-ZIP	DAVIE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		Change Addition
NAME	BIGGS, BEVERLY F		2.2 NAME		
STREET ADDRESS	2825 SW 117TH AVE		2.3 STREET ADDRESS		1
CITY-ST-ZIP	DAVIE, FL 00000		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
HAME	HANSEN, SUE		3.2 NAME		
STREET ADDRESS	1050 S W 52ND AVENUE		3.3 STREET ADDRESS		
CITY-S1-ZIP	PLANTATION, FL 00000	Drive	3.4. CITY-ST-ZIP		Change Addition
TITLE	VD STEVENS IEEEEDV	☐ DELETE	4.1 TITLE		Change Addition
NAME OTOGET ADDRESS	STEVENS, JEFFERY 1151 SCARBOROUGH DR		4. 2 NAME		
STREET ADDRESS	DAVIE FL		4.3 STREET ADDRESS		l l
CITY-ST-ZIP TITLE	DAVIC FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME	BIGGS, CHRISTOPHER F	L. Section	5.2 NAME		Ci cumillo Ci sudottotti
STREET ADDRESS	2825 SW 117TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		5.4 CITY-ST-ZIP		ľ
TITLE	D	DELETE	61 TITLE		Change Addition
NAME	BIGGS, COURTNEY J		6.2 NAME		
STREET ADDRESS	2825 SW 117TH AVE.		6.3 STREET ADORESS		
CiTY-SI-ZW	DAVIE FL		6.4 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.

SIGNATURE: Sue Other Horisie

954-584-3378

FILED

May 13 1998 8:00am

Secretary of State