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

PROFIT **CORPORATION ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 614425

(7)

Mailing Address

FOOD SPOT NO. 42 INCORPORATED

FII	LED
May 09 1	997 8:00am
Secretai	ry of State



7801 LUDHAM RD 8 MIAMI FL 33143		7901 LUDHAM RD S MIAMI FL 33143-4538				
				3. Date Incorporated or Qualified 04/03/1979	3a. Date of Last Report 05/01/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	, , ,	4. FEt Number	Applied For	
21 790	1 LUDLAM MD	26 79 0/ Lu	DLAM RD	59-1972421	Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	name, FC	City & State	w	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zig31 \	Country 25		Gountry 30		Yes No	
	9. Name and Address of Current	Registered Agent	04 1	10. Name and Address of New Re	Jistered Agent	
	NER, BRUCE		81 Name			
7801 LUDLAM RD			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAN	VII FL 33143		63			
			63			
			84 City		FL 85 Zip Code	
44 Divisioni	to the provinces of Sections 607.0600	and 607 1509. Elorida Statuto	s the above period of	orporation submits this statement for the p		
office or ri	egistered agent, or both, in the State o	of Florida. Such change was a	uthorized by the corpo	ration's board of directors. Thereby accep	the appointment as registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Floi	rida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature re	outred when reinstation)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	V	DELETE	1.1 TITLE		Change Addition	
NAME	DEUTSCH, ELLIOT J		1.2 NAME			
STREET ADDRESS	7901 LUDHAM RD		1,3 STREET ADDRESS			
CITY-ST-ZIP	S MIAMI, FL 00000		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition	
NAME	HARRIS, LARRY J		2.2 NAME			
STREET ADDRESS	7901 LUDHAM RD		2.3 STREET ADDRESS			
CITY-ST-ZIP	S MIAMI, FL 00000		2 4 C(1Y-S1-Z)P			
TITLE	EXVP	☐ DELETE	3 1 THLE		Change Addition	
NAME	WILNER, BRUCE S.		3.2 NAME			
STREET ADDRESS	7901 LUDLAM RD		3.3 STREET ADDRESS			
CITY-ST-ZIP	S MIAMI FL	— — — — — — — — — — — — — — — — — — —	3 4. CHY- S1 - ZIP		D About D Aires	
TITLE		L DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4,3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4,4 CITY - ST - ZIP		Change Addition	
TITLE		[] UELEIE	5 1 TITLE		The countries The volution	
NAME DYDECT LDDDEGG			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>	DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		☐ Change ☐ Addition	
NAME	,	C) better	62 NAME			
STREET ADDRESS	, <u>, , , , , , , , , , , , , , , , , , </u>		63 STREET ADDRESS			
	()		64 CITY-ST-ZIP			
CiTY-ST-ZiP	by certify that the information supplied	with this filing does not qualif		ated in Section 119.07(3)(i), Florida Statute	s. I further certify that the	

pplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address. Information Indicated Lam an officer or dire appears in Block 12