FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **657280** **(4)**

1. Corporation Name

CLAIR'S CLASSIC FOODS, INC.

Principal Place of Business
101 KENSINGTON ROAD
HOLLYWOOD FL 33021

Mailing Address
101 KENSINGTON ROAD
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 02/26/1980
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business
21 190 OCEAN KEY WAY
Suite, Apt. #, etc
22
City & State
23 JUPITER, FL.
Zip
24 33477
Country
25 PALM BEACH

2a. Mailing Address
26 190 OCEAN KEY WAY
Suite, Apt. #, etc
27
City & State
28 JUPITER, FL
Zip
29 33477
Country
30 PALM BEACH

4. FEI Number: 59-1977262 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLAIR, JOSEPH
101 KENSINGTON RD.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: JOSEPH L CLAIR
82 Street Address (P.O. Box Number is Not Acceptable): 190 OCEAN KEY WAY
83
84 City: JUPITER FL 85 Zip Code: 33477

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 JOSEPH L. CLAIR 5-31-96

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CLAIR, JOSEPH		1.2 NAME	JOSEPH L. CLAIR	
STREET ADDRESS	101 KENSINGTON RD.		1.3 STREET ADDRESS	190 OCEAN KEY WAY	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: J L Clair JOSEPH L. CLAIR 5-31-96 407-744-9620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)