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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 835068

1. Corporation Name

SORRENTO CHEESE COMPANY, INC.

| Principal Place of Busines |
|----------------------------|
| 2375 SOUTH PARK AVE |
| DIRECTOR N. V. 14220 |

Mailing Address

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90110 039 ***150.00



| 2375 SOUTH PARK AVE BUFFALO, N Y 14220 | | 2375 SOUTH PARK AVE BUFFALO. N Y 14220 | | | | |
|---|--|---|---|--------------|---|--|
| | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date incorporated or Qualifed 09/22/1975 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For | |
| 21 | | 26 | | | 16-1278259 Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | |
| 22 | | 27 | | | 5. Certificate of Status Desired Fee Required | |
| City & State | 9 | City & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution LLJ Added to Fees | |
| Zip | Country | Zip Co | untry | | 8. This corporation owes the current year Intangible | |
| 24 | 25 | 29 30 | | | Personal Property Tax. Yes No | |
| | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of New Registered Agent | |
| CWC | DREK, TOM | | 81 | Name | me [| |
| | EAGLE BLUFF DRIVE | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | <u></u> | | |
| VALF | RICO FL 33594 | | 83 | | • | |
| | | | 84 | City | y 85 Zip Code | |
| | | | | 1 | ` | |
| office or re | egistered agent or both in the State | D2 and 607.1508, Florida Statutes, the of Florida. Such change was authorize ations of, Section 607.0505, Florida Sta | ed by | the cor | med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered | |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. (NOTE: Register | d Agen | it signaturi | sture required when reinstating) DATE | |
| 12. | OFFICERS AN | ND DIRECTORS 13 | : | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P | DELETE 1.11 | TITLE | | ☐ Change ☐ Addition | |
| NAME | BENSABAT, PAUL | 1.2 ! | NAME | | | |
| STREET ADDRESS | 2375 SOUTH PARK AVENUE | 1.31 | STREET | ADDRES | KESS | |
| CiTY-ST-ZiP | BUFFALO, NY. | 1.4 | CITY-S1 | r-ZIP | | |
| TITLE | EVP | ☐ DELETE 2.1 | 2.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | andolina, John | 2.21 | NAME | | | |
| STREET ADDRESS | 2375 SOUTH PARK AVENUE | 2.3 | STREET | TADDRES | KESS . | |
| CITY-ST-ZIP | BUFFALO, NY. | 2.4 | CITY-S | T-ZIP | | |
| TITLE | V | ☐ DELETE 3.1 | TITLE | | ☐ Change ☐ Addition | |
| NAME | Woeppel, Robert J. | 3.2 | NAME | | | |
| STREET ADDRESS | 2375 S PARK AVE | 3.3 | STREET | r addres | RESS | |
| CITY-ST-ZIP | BUFFALO NY | 3.4. | CITY-S | T-ZIP | | |
| TITLE | ٧ | ☐ DELETE 4.1 | TITLE | | ☐ Change ☐ Addition | |
| NAME | HYLKEMA, CHARLES B. | 4.2 | NAME | | | |
| STREET ADDRESS | 2375 SOUTH PARK AVENUE | 4.3 | STREET | ADDRES | RESS | |
| CITY-ST-ZIP | BUFFALO NY | 4.4 | CITY-S1 | T- ZIP | | |
| TITLE | | DELETE 5.1 | TITLE | | ☐ Change ☐ Addition | |
| NAME | | 5.2 | NAME | | | |
| STREET ADDRESS | | 5.3 | STREET | T ADDRES | RESS | |
| CITY-ST-ZIP | | 5.4 | CITY-S1 | T-ZIP | | |
| TITLE | | ☐ DELETE 6.1 | TITLE | | Change Addition | |
| NAME | | 62 | NAME | | | |
| | | VII. | PONE | | | |

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, with all other like empowered.

6.4 CITY-ST-ZIP

716 823 6262