FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:13

DOCUMENT # **F72876** (8)

1. Corporation Name
THE DELI MASTERS SOUTHWEST, INC.

CHANGE - ALL MAIL TO

Principal Place of Business
C/O DONALD WALGUARNERY
1921 NUGGET DRIVE
CLEARWATER FL 34615-8623

Mailing Address
309 ALTAMONTE COMM. BLVD.
SUITE 1522
ALTAMONTE SPGS. FL 32714
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/22/1982
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business
21: 309 ALTAMONTE COMM
Suite, Apt. #, etc.
22: #1522
City & State
23: ALT. SPR FL
Zip
24: 32714
Country
25: SEMINOLE

2a. Mailing Address
26: SAME
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 59-2178184 ☐ 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

WALGUARNERY, DONALD
317 BOLANDER AVE.
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 309 ALTAMONTE COMMERCE BLVD.
83: #1522
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32712

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: Gerald F. Smith VP — 1/12/95
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	D	1.1 TITLE	SMITH GERALD	☒ Change ☐ Addition
NAME	SMITH, GERALD	1.2 NAME		
STREET ADDRESS	1093 BLUFF OAK ST.	1.3 STREET ADDRESS	1903 BLUFF OAK ST	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	DP	2.1 TITLE	WALGUARNERY DONALD	☒ Change ☐ Addition
NAME	WALGUARNERY, DONALD	2.2 NAME		
STREET ADDRESS	1093 BLUFF OAK ST.	2.3 STREET ADDRESS	317 BOLANDER AVE	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	DELTONA, FL 32725	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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)(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: Gerald F. Smith — 1/12/95 — (407) 682-0036
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
GERALD F. SMITH

0413704 FP