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**

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90191 049 ***150.00

DOCUMENT # F93055

C. & M. FOODS, INC.

<u> </u> 											
Principal Place	e of Business	Mailing	Address					D) 8511 8381) B)	TIL BEBES BYBEL B	1011 212(1 130)	
5903 NORWOOD AVE.		325 W.	325 W. 70TH STREET								
JACKSONVILLE FL 32208			JACKSONVILLE FL 32208				DO NOT INDITE IN THE ORACE				
US			;				DO NOT WRITE IN THIS SPACE				
Į.							3. Date Incorporated or Qualifed			•	
							08/02/1982 4. FEI Number	•		-lind For	
2. Principal Place of Business		— —	2a. Mailing Address						_ 	plied For t Applicable	
21		26	26 Suite, Apt. #, etc.				59-2222971		\$8.75 A		
Suite, Apt. #, etc.		 -1	–				5. Certifcate of Status Desired		Fee Re		
City & State		27 Cits	City & State				C Flastica Compaign Financian		\$5.00	<u> </u>	
		— — <i>'</i>	28				6. Election Campaign Financing Trust Fund Contribution		Added t		
Zip Country			Zip Country				8. This corporation owes the curre	ent vear Inta			
24 25		29	¬ '		u,		Personal Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	□No	
	9. Name and Address of Curr			<u> </u>			10. Name and Address of New R	egistered A	lgent		
					81	Name					
CHE	UNG, CHI W			-	82	Ctroot Addro	ss (P.O. Box Number is Not Accepta	hle)			l
325	W. 70TH STREET	•				Street Addre	ss (P.O. Box Number is Not Accepte	uie)			ĺ
JAC	KSONVILLE FL 32208										
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ţ				1	84	City		FL	85 Zip (ode	ļ
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1	508, Florida Statute	s, the ab	юvе.	-named corpo	ration submits this statement for the	purpose of o	changing its	registered	1
i office or r	registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida S	uch change was au	inonzed	bv t	the corporation	n's board of directors. I hereby accep	t the appoin	tment as reg	jistered	
, -		igations of, Sec	11011 007,0303, 11011	da Statu	icə.						
SIGNATURE	Signature, typed or printed name of registered	agent and title if appli	cable. (NOTE:	Registered A	Agent	t signature required	when reinstating)	DATE			ء ا
12.		AND DIRECTO		13.			ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTO	RS IN 12	3
TITLE	PD		☐ DELETE	1.1 TITL	Æ				Change	☐ Addition	3
NAME	CHEUNG, CHI W.			1.2 NAME							3
STREET ADDRESS	The state of the s		1.3 STR	REET.	ADDRESS					į	
CITY+ST-ZIP	JACKSONVILLE FL			1.4 CIT	Y-ST	-ZIP			 		į
TITLE	,		☐ DELETE	2.1 🏋 📆	LÉ				Change	Addition	ľ
NAME				2.2 NAX	ME	1					
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CITY-ST-ZIP				2. 4 CfT	ry-\$1	T-ZIP					
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TITLE	1			3.4. CfT	TY-51					☐ Addition	
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STREET ADDRESS	•		☐ DELETE		LE				Change		
CITY-ST-ZIP		_	☐ DELETÉ	4.1 TITL 4. 2 NA	LE ME	ADDRESS			☐ Change		
CITTOSTOZIP				4.1 TITL 4. 2 NA 4.3 STF 4.4 CIT	LE ME REET						
- TITLE	·	*.	□ DELETE	4.1 TITU 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITU	LE ME REET. Y-ST				☐ Change	☐ Addition	
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14. I hereby certify that the information subblied 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 of 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.

SIGNATURE: