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FILED

Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000001434 (6)**

1. Corporation Name

**M. GOURMET, INC.**

Principal Place of Business

**32 MYRTLEDALE RD  
SCARSDALE NY 10583**

Mailing Address

**32 MYRTLEDALE RD  
SCARSDALE NY 10583**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21 6300 LANTANA ROAD**

Suite, Apt. #, etc.

**22**

City & State

**23 CALES WORTH, FL**

Zip

**24 33463**

Country

**25 USA**

2a. Mailing Address

**26 6300 LANTANA ROAD**

Suite, Apt. #, etc.

**27**

City & State

**28 CALES WORTH, FL**

Zip

**29 33463**

Country

**30 USA**

3. Date Incorporated or Qualified

**03/20/1997**

4. FEI Number

**65-0731955**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME  
MOSS, WILLIAM  
STREET ADDRESS  
235 GARTH RD  
CITY - ST - ZIP  
SCARSDALE NY 10583**

TITLE ☐ DELETE

**NAME  
MOSS, STANLEY J  
STREET ADDRESS  
32 MYRTLEDALE RD  
CITY - ST - ZIP  
SCARSDALE NY 10583**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**NAME  
D.P. MOSS, WILLIAM T  
STREET ADDRESS  
1511 CORAL RIDGE DRIVE  
CITY - ST - ZIP  
CORAL SPRINGS, FL 33071**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE:

*Stanley J Moss*

2-17-98 914-725-5334

CR2E034 (10/97)