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 # **G09846**

1. Corporation Name

City & State

23

24

Zip

HOLIDAY FOODS, INC.			
Principal Place of Business	Mailing Address		
2050 MCKINLEY ST HOLLYWOOD FL 33020	2050 MCKINLEY ST HOLLYWOOD FL 33020		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State

Zip

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90027 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 11/29/1982 4. FEI Number Applied For 59-2237250 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible □No Personal Property Tax.

ZECCHINO, EMILY 2050 MCKINLEY ST HOLLYWOOD FL 33020

Country

9. Name and Address of Current Registered Agent

25

	10. Name and Address of New Registered Agent					
81	Name					
82	Street Address (P.O. Box Numl	per is Not Acceptable)				
83						
84	City	FI 85 Zip Code				

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. Lang familiar with any familiar with a familiar with any familiar with any familiar with any familiar with any familiar with a familia

Country

30

agent. Fain familiar with, and accept the obligations of, coolidation of the obligations of								
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature of	required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12				
TITLE	PD DELET	TE 1.1 TITLE	☐ Change	☐ Addition				
NAME	ZECCHINO, EMILY	1.2 NAME						
STREET ADORESS	2050 MCKINLEY ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	•					
TITLE	☐ OELE	TE 2,1 TMLE	☐ Change	☐ Addition				
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP		2.4 CITY-ST-ZIP						
TITLE	. DELE	TE 3.1 TITLE	Change	☐ Addition				
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP	• '	3.4. CITY-ST-ZIP						
TITLE	☐ DELE	TE 4.1 TITLE	☐ Change	Addition				
NAME I		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS	·					
CITY-ST-ZIP		4.4 CiTY-ST-ZIP						
TITLE	☐ OELE	TE 5.1 TITLE	☐ Change	☐ Addition				
NAME		52 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	DELE:	TE 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 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.