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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

**FILED** Mar 18 1998 8:00am Secretary of State

HUTA	LIT FOODS, ING.				IYAN BARK DIGAL AMAN ANDAK BARKI MBA
Principal Plac	ce of Business	Mailing Address			HIBAL ENDIN ENDIN BIBAL DINAH DINEN HUSI
6831 NARCOOSSEE RD.		•			
ORLANDO FL 32822		6831 NARCOOSSEE RD. ORLANDO FL 32822			
				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
				06/07/1983	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		59-2304514	Not Applicable
Suite, Apt	#, OC	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	lo	City & State			Fee Required
23				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	<b>28</b> ]	Country		
24	25	29	30	8. This corporation owes or has paid to Personal Property Tax due June 30	
.=.,	9. Name and Address of Curre		1001	10. Name and Address of New Regis	
M	EEKS, ROBERT G., JR.		81 Name		
8322 CARACAS AVE.			00 00	(5.0.5)	
ORLANDO FL 32825			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
-			83		
			84 City		FL 65 Zip Code
11. Pursuant office or r	to the provisions of Sections 607,050 registered agent, or both, in the State	02 and 607,1508, Florida Statute of Florida, Such change was a	es, the above-named corporal	poration submits this statement for the purp tion's board of directors. I hereby accept the	
agent I a	im familiar with, and accept the oblig	pations of Section 607.0505, Flo	orida Statutes.		
SIGNATURE	Signature Typed or printed name of registered ag	well and to d analy able (NOT)	Registered Agent signature requi	and when coinclating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MEEKS, ROBERT G. JR.		1.2 NAME		<u> </u>
STREET ADDRESS	11751 MARCOOSSE RD		1.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		1.4 CITY - ST - ZIP		
TITLE	TD	DELETE	2.1 TITLE		Change Addition
NAME	MCLELLAND, WADE		2.2 NAME		
STREET ADDRESS	3544 EMORY WOOD LN.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-\$T-ZIP		
TITLE	SD	☐ DELFTE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEEKS, CAROLE J		3.2 NAME		
STREET ADDRESS	11751 NARCOOSSEE RD		3 3 STREET ADDRESS		
CITY-ST-ZIF	ORLANDO FL		3.4. CITY-\$1-ZIP		
TITLE	VPD	DELETE	4.1 TOLE		Change Addition
NAME	GUZZONE, BENJAMIN		4. 2 NAME		
STREET ADORESS	1237 ESTORIL DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	****	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-SY-ZIP		1

14. Thereby 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 an officer or director of the occurrent or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appearablock 12 or Block 13 if this true, or on an attachment with an actions.