

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

FILED  
Mar 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G46473 (6)  
1. Corporation Name  
L. & L. SPECIALTY FOODS, INC.

Principal Place of Business

Mailing Address

50 GOOLSBY BLVD.  
5355 TOWN CENTER RD., SUITE 801  
DEERFIELD BEACH FL 33442  
US

350 GOOLSBY BLVD.  
5355 TOWN CENTER RD., SUITE 801  
DEERFIELD BEACH FL 33442-3005  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1983		3a. Date of Last Report 03/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2307257		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASARCH, STEVEN J  
THE PLAZA/SUITE 801  
5355 TOWN CENTER ROAD  
BOCA RATON FL 33486

81 Name Asarch, Steven J  
82 Street Address (P.O. Box Number is Not Acceptable)  
1777 Glades Rd Suite  
83 Boca Raton  
84 City  
85 Zip Code FL 33434

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	DELETE		1.1 TITLE	Change	Addition	
NAME	KLINE, LARRY			1.2 NAME			
STREET ADDRESS	3766 N.W. 80TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	VD	DELETE		2.1 TITLE	Change	Addition	
NAME	FREEMAN, DONALD			2.2 NAME			
STREET ADDRESS	3766 NW 80TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FLORIDA 00000			2.4 CITY-ST-ZIP			
TITLE	PD	DELETE		3.1 TITLE	Change	Addition	
NAME	KLINE, DAVID			3.2 NAME			
STREET ADDRESS	3766 NW 80TH STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FLORIDA 00000			3.4 CITY-ST-ZIP			
TITLE	SD	DELETE		4.1 TITLE	Change	Addition	
NAME	KLINE, LOIS			4.2 NAME			
STREET ADDRESS	3766 NW 80TH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	TD	DELETE		5.1 TITLE	Change	Addition	
NAME	CAJNE, STEVEN			5.2 NAME			
STREET ADDRESS	3766 NW 80TH ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE	VD	DELETE		6.1 TITLE	Change	Addition	
NAME	FREEMAN, DAVID			6.2 NAME			
STREET ADDRESS	3766 NW 80TH ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			6.4 CITY-ST-ZIP			

14. I do 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 attached form with an address.

SIGNATURE \_\_\_\_\_ 954-470-0071

CP2E034 (9/96)