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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90036 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G46473**

1. Corporation Name  
**L. & L. SPECIALTY FOODS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**350 GOOLSBY BLVD.  
 5355 TOWN CENTER RD., SUITEE 801  
 DEERFIELD BEACH FL 33442  
 US**

Mailing Address  
**350 GOOLSBY BLVD.  
 5355 TOWN CENTER RD., SUITEE 801  
 DEERFIELD BEACH FL 33442  
 US**

3. Date Incorporated or Qualified

**06/28/1983**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
 Not Applicable

**59-2307257**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ASARCH, STEVEN J  
 7777 GLADES RD. STE  
 5355 TOWN CENTER ROAD  
 BOCA RATON FL 33434**

81 Name  
**Ziskind & Arvin, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**444 Brickell Avenue - Suite 905**

84 City  
**Miami**

85 Zip Code  
**FL 33131**

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

*David Freeman*  
 Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*01/1/99*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C**  DELETE  
 NAME **KLINE, LARRY**  
 STREET ADDRESS **350 GOOLSBY BLVD**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **VD**  DELETE  
 NAME **FREEMAN, DONALD**  
 STREET ADDRESS **350 GOOLSBY BLVD.**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **PD**  DELETE  
 NAME **KLINE, DAVID**  
 STREET ADDRESS **350 GOOLSBY BLVD**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **SD**  DELETE  
 NAME **KLINE, LOIS**  
 STREET ADDRESS **350 GOOLSBY BLVD**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **TD**  DELETE  
 NAME **CAINE, STEVEN**  
 STREET ADDRESS **350 GOOLSBY BLVD.**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **VD**  DELETE  
 NAME **FREEMAN, DAVID**  
 STREET ADDRESS **350 GOOLSBY BLVD**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

6.1 TITLE  Change  Addition  
 6.2 NAME **V:S.D. Freeman, David**  
 6.3 STREET ADDRESS **350 Goolsby Blvd**  
 6.4 CITY-ST-ZIP **Deerfield Beach, FL. 33442**

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.

SIGNATURE:

*David Freeman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)