PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G93997

1. Corporation Name

FLORIDIAN FINE FOODS, INC.

Principal Place of Business

Mailing Address

200 W CAMINO REAL

200 W. CAMINO REAL

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90017 047 ***150.00



BOCA RATON F	FL 33432	BOCA RATON FL 33432					
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		ľ
L					03/30/1984	 	
2. Principal P	lace of Business T @ CONTRACTOR	2a. Mailing Address 26 2599 NW	175 ¹	•	4. FEI Number	<u> </u>	oplied For
<u> </u>			<u> </u>		59-2449516		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
City & Stat		City & State 28 BOCA RA	TO	N F	6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye	ear Intangible	
24 331	134 25 V.S.A	29 33434 30		1.2,	Personal Property Tax.	Yes	□No
	9. Name and Address of Current F	tegistered Agent			10. Name and Address of New Regis	tered Agent	
		•	81	Name			
Marancy, Chantal 2599 NW 27TH ST BOCA RATON FL 33434				82 Street Address (P.O. Box Number is Not Acceptable)			
				1		. **-	
	A WHORE DO TO T		83				
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statutes,	the abov	e-named (corporation submits this statement for the purpo	ose of changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	orized by	the coroc	oration's board of directors. I hereby accept the	appointment as re	gistered
-							ļ
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	gistered Age	nt signature re	equired when reinstating)	TE	
12.	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PTSD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MARANCY, CHANTAL		1.2 NAME				Į
STREET ADDRESS	2599 NW 27TH ST		1.3 STREE	TADDRESS	•		
ÇITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY+S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			, Change	☐ Addition
NAME			2.2 NAME				1
STREET ADDRESS			2.3 STREE	T ADDRESS			1
CITY-ST-ZIP	•	•	2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			İ
CITY-ST-ZIP			3.4. CITY-5	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	1		☐ Change	☐ Addition
NAME			5.2 NAME	ŀ			ļ
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	Π	 ·	. Change	☐ Addition
NAME			6.2 NAME	ļ			
STREET ADDRESS			6.3 STREE	T ADDRESS			}

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP