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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:49

DOCUMENT # H23994 (7)

1. Corporation Name
CONSOLIDATED FOOD BROKERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1437 S. UNIVERSITY DR. PLANTATION FL 33324	1437 S. UNIVERSITY DR. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/04/1984	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2463126	Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PIERSANTI, ALBERT D. 1437 S. UNIVERSITY DR. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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: (Typed or printed name of registered agent and title if applicable) (Registered agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	PDC	11 TITLE	☐ Change ☐ Addition
NAME	PIERSANTI, ALBERT D.	12 NAME	
STREET ADDRESS	1437 S. UNIVERSITY DR.	13 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP	
TITLE	VTS	21 TITLE	VDTS ☒ Change ☐ Addition
NAME	PIERSANTI, GERALDINE A.	22 NAME	PIERSANTI, GERALDINE A.
STREET ADDRESS	1437 S. UNIVERSITY DR.	23 STREET ADDRESS	1437 S. UNIVERSITY DR.
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	PLANTATION FL. 33324
TITLE		31 TITLE	VD ☐ Change ☒ Addition
NAME		32 NAME	SACKNOFF LAWRENCE
STREET ADDRESS		33 STREET ADDRESS	1437 S. UNIVERSITY DR.
CITY ST ZIP		34 CITY ST ZIP	PLANTATION FL. 33324
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I (We) certify that the information supplied with this filing is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in 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 above, or on an attachment with an X.

SIGNATURE: W. D. Piersanti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBERT D. PIERSANTI

1-9-95 (Date) 305 472-4906 (Daytime Phone #)

0232074 CP