## 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 # 1. Corporation Name H70351

(2)

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

тwо в	ROTHERS FOODS, INC.							
Principal Plac	e of Business	Mailing	Address					
V & S DELI		V & S I	DELI					
2621 N FEDE		2621 N	2621 N FEDERAL HWY				DO NOT INDITE IN THIS PRACE	
BOCA RATON	I FL 33431	BOCA (	BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 08/05/1985	
2 Principal P	lace of Business	2a. Mailing Address					4. FEI Number Applied For	
21		f1	26				<b>59-2563085</b> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.					SQ 75 Additional	
22		27					5. Certificate of Status Desired Fee Required	
City & State		City & State					6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip	Country	7ip	├- <b>-</b> ~				This corporation owes or has paid the current year Intangible	
24	25	29 30			l		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	r Megistered	Registered Agent			Name	10. Name and Address of New Registered Agent	
FALCONE, VINCENT					61	- Traine		
	21 N FEDERAL HWY					Street Add	ss (P.O. Box Number is Not Acceptable)	
	ITE 7 (V & S DELI )							
ВО	CA RATON FL 33431				83			
					84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				es. the at	bove	-named corr	rooration submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State	of Florida, Su	ch change was a	authorize	d by	the corpora	ation's board of directors. I hereby accept the appointment as registered	
	m laningi wan, and accept the obliga	mons or, sect	1011 007.0303, FR	JIIUA SIAI	ues	•		
SIGNATURE	Signature, typed or printed name of registered ager	it and title it appix	abio. (NOI	E: Registerer	Ager	nt signatura requi	oirod when reinsteting) DATE	c
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	DST	☐ DELETE			1.1 TITLE		Change Addition	ξ
NAME	FALCONE, VINCENT			1.2 NAME		}		č
STREET ADDRESS	2621 N. FEDERAL HWY.		1.3 STRE			ADDRESS		ŭ
CITY-ST-ZIP	BOCA RATON FL					-ZIP	The state of the s	ò
TITLE	D CALVATOR	DELETE 2.1				- [	Change Addition	Ì
NAME	FALCONE, SALVATORE 2621 N. FEDERAL HWY.			2.2 NAME				
STREET ADDRESS	BOCA RATON FL		1		2.3 STREET ADDRESS 2.4 City-St-Zip			
CITY-ST-ZIP TITLE	DELETE				3.1 TITLE		Change Addition	
NAME				3.2 N/		1	C State C	
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				3.4. C				
THILE	,		DELETE	4.1 11			☐ Change ☐ Addition	
NAME				4. 2 N	AME			
STREET ADDRESS				4.3 ST	REET /	address (		
CITY-ST-ZIP				4.4 CI	1Y-S1	-ZIP		
TITLE			DELETE	5.1 311	TLE		☐ Change ☐ Addition	
NAME				5.2 NA	ME	1		
STREET ADDRESS				5 3 ST	REET	Address		
CITY-ST-ZIP			- T-:	5.4 CI		-ZIP		
TITLE			DELETE	6.1 11		1	☐ Change ☐ Addition	
name				6.2 NA				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP	artify that the information considered of	th this bline -	one not qualify to	6.4 CI			Section 119.07(3)(i), Florida Statutes. I further certify that the information	
is, interectγ (	zaruny usar une innormation supplica Wi	u i us ming a	oca norquality id	אלש שווו וע EX€	յութև	iun sialeu III	TOCOROR TO A TOTAL AND THE PROPERTY OF THE PRO	

Indicated on this annual report or supplied with risk filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.

INCENT FALCONE