

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MEMBERSHIP AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL 20 AM 9:38

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J63127 (1)

1. Corporation Name
GOURMET SPECIALTY FOODS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1999 DELAND FL 32721-8999	P.O. BOX 1999 DELAND FL 32721-8999

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/23/1987	08/09/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2798950	Not Applicable
24 Zip		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32721-1999				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32721-1999					

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
KATZ, LAWRENCE H. 217 E. IVANHOE BLVD. NORTH ORLANDO FL 32804				B1 Name	(SAME)		
				B2 Street Address (P.O. Box Number is Not Acceptable)	341 N. MAITLAND AVE		
				B3 City	MAITLAND		
				B4 City	MAITLAND	FL	B5 Zip Code

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDEN, JOHN	1.2 NAME	
STREET ADDRESS	35 FAIRWAY COURT	1.3 STREET ADDRESS	P.O. B. 1999 N/A
CITY - ST - ZIP	DELAND FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINBAUER, JUDITH	2.2 NAME	
STREET ADDRESS	41 AVIATION ROAD	2.3 STREET ADDRESS	QUEENSBURY
CITY - ST - ZIP	1UEENSBURY NY	2.4 CITY - ST - ZIP	
TITLE	SY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDEN, CHARLES	3.2 NAME	
STREET ADDRESS	20 DONNA DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD NJ	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: John Alden 7-17-95 Sec 488-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Lifetime Term)

JOHN ALDEN DP

CR2E034 (3/95)