PROFIT CORPORATION ANNUAL REPORT 1999

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

99 MAY 10 PM 3:43

[redacted]

DOCUMENT # K63135

1. Corporation Name
M & T FOOD CORPORATION

*Principal Place of Business	Mailing Address
401 LAKE AVENUE LAKE WORTH FL 33460 US	401 LAKE AVE.. LK WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1989

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 65-0095074 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATEL, NAYAN 35 BUXTON LN BOYNTON BCH FL 33462	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 607.0502 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 N. V. Patel 2/7/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D/S	☒ Change ☐ Addition
NAME	PATEL, NAYAN		1.2 NAME	PATEL NAYAN	
STREET ADDRESS	35 BUXTON LANE		1.3 STREET ADDRESS	35 BUXTON LN	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33462	
TITLE	P	☐ DELETE	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	PATEL, RAJESH		2.2 NAME	PATEL RAJESH	
STREET ADDRESS	49848 COOKE		2.3 STREET ADDRESS	49848 COOKE	
CITY-ST-ZIP	PLYMOUTH MI		2.4 CITY-ST-ZIP	PLYMOUTH, MI 4-8170	
TITLE		☐ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME			3.2 NAME	PATEL NILESH	
STREET ADDRESS			3.3 STREET ADDRESS	2301 23RD CT	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		☐ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME			4.2 NAME	VASOYA SHOBHANA	
STREET ADDRESS			4.3 STREET ADDRESS	965 MANORS DR # A3B	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PALM SPRING, FL 33461	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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*****150.00 *****150.00

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: SIGNATURE REQUIRED 2/7/99 (561) 585-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAID CHK # 6742 2/10/99 STATE $ 150.00

CR2E034 (11/98)