

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # K63135
1. Corporation Name
M & T FOOD CORPORATION

Principal Place of Business 401 LAKE AVENUE LAKE WORTH FL 33460 US	Mailing Address 401 LAKE AVE. LX WORTH FL 33460
---	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1989	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 ☐
8. This corporation owes the current year Intangible Personal Property Tax	☐ Yes ☒ No	\$5.00 May Be Added to Fees

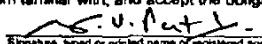
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip
--	---

9. Name and Address of Current Registered Agent
PATEL, NAYAN
35 BUXTON LN
BOYNTON BCH FL 33462
10. Name and Address of New Registered Agent

81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City	85. Zip Code FL
---	----------------------------------

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



Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE
2/7/9912. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	D
NAME	PATEL, NAYAN
STREET ADDRESS	35 BUXTON LANE
CITY-ST-ZIP	BOYNTON BEACH FL

TITLE	P
NAME	PATEL, RAJESH
STREET ADDRESS	49848 COOKE
CITY-ST-ZIP	PLYMOUTH MI

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/S	☒ Change ☐ Addition
1.2 NAME	PATEL, NAYAN	
1.3 STREET ADDRESS	35 BUXTON LN	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33462	

2.1 TITLE	P/D	☒ Change ☐ Addition
2.2 NAME	PATEL, RAJESH	
2.3 STREET ADDRESS	49848 COOKE	
2.4 CITY-ST-ZIP	PLYMOUTH, MI 48170	

3.1 TITLE	T	☐ Change ☒ Addition
3.2 NAME	PATEL, NILESH	
3.3 STREET ADDRESS	2301 23RD CT	
3.4 CITY-ST-ZIP	JUPITER, FL 33477	

4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	VASOYA SHOBHANA	
4.3 STREET ADDRESS	965 MANORS DR # A38	
4.4 CITY-ST-ZIP	PALM SPRING, FL 33461	

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:



PAID CHG # 6742 2/10/99 STATE F 150.00

2/7/99 (561) 585-2888

Date

Daytime Phone #