

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *K-87268*

1. Corporation Name
*D & P FOOD CORP
D/B/A DAN'S SUBMARINE*

Principal Place of Business Mailing Address
*515 E. SUNRISE BLVD
FT. LAUDERDALE FL. 33304 SAME*

900001482519
-05/10/95--01057--005
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <i>515 E. SUNRISE BLVD</i>		26 <i>SAME</i>				Not Applicable	
22 Suite, Apt #, etc		27 Suite, Apt #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 <i>FT. LAUDERDALE FL.</i>		28 <i>SAME</i>		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 <i>33304</i>		25 <i>BROWARD</i>		29 <i>33304</i>		30 <i>BROWARD</i>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<i>DOMINICK CARDELLA 1150 BRISTOL AVE DAVIE, FL 33325</i>				B1 Name <i>SAME DOM. CARDELLA</i>			
				B2 Street Address (P.O. Box Number is Not Acceptable) <i>1150 BRISTOL AVE</i>			
				B3			
				B4 <i>DAVIE</i> FL B5 Zip Code <i>33325</i>			

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: *Dominick Cardella* DATE: *5/1/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>DOMINICK CARDELLA PRES.</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>DOMINICK CARDELLA</i>	1.2 NAME	
STREET ADDRESS	<i>1150 BRISTOL AVE DAVIE FL</i>	1.3 STREET ADDRESS	
CITY ST ZIP	<i>33325</i>	1.4 CITY ST ZIP	
TITLE	<i>SECRETARY</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PATRICIA CARDELLA</i>	2.2 NAME	
STREET ADDRESS	<i>1150 BRISTOL</i>	2.3 STREET ADDRESS	
CITY ST ZIP	<i>DAVIE FL. 33325</i>	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		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)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *Dominick Cardella* DATE: *4/18/95* TIME: *3:05* PHONE: *763-4520*