

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

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

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*

2. Principal Place of Business 2a. Mailing Address

21 *515 E. SUNRISE BLVD* 26 *SAME*

Suite, Apt #, etc Suite, Apt #, etc

22 27 *SAME*

City & State City & State

23 *FT. LAUDERDALE FL.* 28 *SAME*

Zip Country Zip Country

24 *33304* 25 *BROWARD* 29 *33304* 30 *BROWARD*

3. Date Incorporated or Qualified 3a. Date of Last Report

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

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

8. This corporation has liability for intangible tax under S 199.032,
Florida Statutes yes no

9. Name and Address of Current Registered Agent

*DOMINICK CARDELLA
1150 BRISTOL AVE
DAVIE, FL 33325*

10. Name and Address of New Registered Agent

B1 Name *SAME DOM. CARDELLA*

B2 Street Address (P.O. Box Number is Not Acceptable)
1150 BRISTOL AVE

B3

B4 *DAVIE* FL B5 Zip Code
33325

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 33325</i>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<i>DAVIE FL 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* PHONE: *305 763-4520*

JW