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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K88118

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FOOD DEVELOPMENT & MARKETING, INC. Principal Place of Business Mailing Address C/O STANLEY A. DUBOFF C/O STANLEY A. DUBOFF 9825 W. SAMPLE ROAD 9825 W. SAMPLE ROAD CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-4040 3. Date Incorporated or Qualified 3a. Date of Last Report 05/15/1989 03/15/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 21 26 65-0118892 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Ζip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DUBOFF, STANLEY A. 9825 W. SAMPLE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** A3 City Zip Code 85 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, typed or printed name of registered agent and titic if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6 12 13. Addition DELETE Change DILE 1.1 THE GUANCI, THOMAS F. NAME 1.2 NAME 295 JACARANDA DR. 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 14 CITY-ST-ZIP CHTY- \$1-78 DELETE Change Addition 2.1 TITLE PILE 2.2 NAME NAME 23 STREET ADDRESS STREET ACCURES 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZiP Change DELETE ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY ST-ZIP C(TY - S1 - 70° DELETE ... Change Addition Tille 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY +ST-ZIP CHY-ST-ZIP DELETE Change Addition TIFLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-IST-ZIP CITY - ST - ZIF 14. I do 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 eath; 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:

Aconeus F. Sueuna SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/25/9>

FILED

May 05 1997 8:00am

Secretary of State

(91-4)753-1753

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