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PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # L05928

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90032 003 \*\*\*158.75



HEIDI'S DELI, INC.						
	Mailing Address				•	
Principal Place of Business	914 STATE RD 84					•
16100 COLLINS AVE FT LAUDERDALE FL 33315 NORTH MIAMI BEACH FL 33160				DO NOT WRITE IN T	HIS SPACE	
ORIH MINMI BEKOLLIE 20100	US			3. Date Incorporated or Qualifed		].
				07/28/1989		<del></del>
	. c			A FEI Number	Applie	d For
2. Principal Place of Business	2a. Mailing Address		/	65-0135461		opticable
¬	26			<del></del>	\$8.75 Add	ilionai }
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Requi	rea
Suite, Apr. #, etc.				6. Election Campaign Financing	\$5.00 Ma	
22	City & State	•		6. Election Campaign Financing  Trust Fund Contribution	Added to F	ees
City & State				8. This corporation owes the current year	ar Intangible	
23 Country	Zip	Country		Personal Property Tax.	,	No
Zip County 24 25 25	29	30		10. Name and Address of New Regist	ered Agent	
9. Name and Address of Curr	ent Registered Agent			10. Name and Addition		
9. Name and Address of San	~	81	Name		<del></del>	
BRUEGGEMANN, HEIDI	•	82	Street Add	ress (P.O. Box Number is Not Acceptable)	and we are allowed as W	.s - 1941, 18 # _
914 STATE RD 84				2 Mars 28 (1982) 20 (1982) 20 (1982) 21 (1982)	THE THE IN	11 11 14 14
FT LAUDERDALE FL 33315		83			<b>到</b> [] 對於新數數方:	1 2 1 1 1 1 1
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		84	City	·	FL	egistered
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statut ate of Florida. Such change was a ligations of, Section 607.0505, Flo	tes, the above authorized by orida Statutes	e-named corporates.	ion's board of directors. I hereby accept the		\$ 
agent. I am familiar with, and accept the	agent and title if applicable. (NOTI	E: Registered Age			RS AND DIRECTOR	RS IN 12
agent. I am familiar with, and accept the signature. Signature, typed or printed name of registered Signature, typed or printed name of registered	agent and title if applicable. (NOTI	E: Registered Age		red when reinstating) \( \frac{1}{2} \frac	ATE	
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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 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 of 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 or an attachment with an address, with all other like empowered.