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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(4)

FILED Apr 21 1998 8:00am Secretary of State

NORTI	H TO SOUTH FOOD SALES	S INC.					 	 	
Principal Pla	ce of Business	Mailing Ad	drace						
% MARVIN I		•							
4948 BOXW			i m. Gitter Wood Cir						
	EACH FL 33436	BOYNTON BEACH FL 33436					DO NOT WRITE IN THIS SPACE		
ſ							3. Date Incorporated or Qualified		
							09/15/1989		
<u> </u>	Place of Business	2a. Mailing	Address				4. FEI Number		Applied For
Suite, Apt	#	26	<u></u>			-	65-0148117		Not Applicable
<u> </u>	n, etc.	h1	.pt. #, etc.				5. Certificate of Status Desired		5 Additional
City & Sta	de	[27] City 8 S	lato						Required
23		28	nano				6. Election Campaign Financing		00 May Be
Zip		Zip Country				Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible			
24	Country 25	29		30	,			frent year □ Yes	No No
	9, Name and Address of Curre		ent	T			10. Name and Address of New Registered		<u> </u>
GI	TTER, MARVIN M.		• • • • • • • • • • • • • • • • • • • •	E	81	Name			
	48 BOXWOOD CIR			-	82	Stroot Add	one (D.O. Poy Niumber is filed formatal.)		
	DYNTON BEACH FL 33436				02	Street Addre	ess (P.O. Box Number is Not Acceptable)		
				8	93				
				ļ.,					
				*	B4	City	FL	85 Z	ip Code
11. Pursuant office or	to the provisions of Sections 607 05 registered agent, or both, in the State	02 and 607.1508, e of Florida, Such	Florida Statute change was a	os, the abo authorized	ove by	named corpo the corporatio	oration submits this statement for the purpose on is board of directors. I hereby accept the ap	f changin pointment	g its registered as registered
	arti tamıllar with, and accept the onliç	gations of, Section	1607.0505, FR	orida Statu	ites.	•			
SIGNATURE	Signature, typed or profted name of registered ag	profesiol to rif apoleable	- NOI	Registered /	Agen	if signature required	d when reinstating) DATL		
12.		ND DIRECTORS		13.		a a ground required	ADDITIONS/CHANGES TO OFFICERS AN	DIBECT	ORS IN 12
TITLE	DP	Ţ	DELETE	1.1 101.0	ŧ			Chang	
NAME	GITTER, MARVIN M.			1.2 NAM	AE.				_
STREET ADDRESS	4948 BOXWOOD CIR			1.3 STRE	EET A	ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CITY	/· \$1-	- ZIP			
TITLE	DS		DELETE	2.1 1110				Chang	e 🔲 Addition
NAME	HOLTZER, HARRIET			2.2 NAM	4E				
STREET ADDRESS	5326 FOUNTAINS DR., SOUT	TH		23 STRE	EET A	ADDRESS			
CITY-ST-ZIP	LAKEWORTH FL			2 4 CHY	Y-\$1	- ZIP			
TITLE			DELETE	3 1 TITLE	E			☐ Chang	e 🔲 Addition
NAME				3.2 NAM	16				
STREET ADDRESS				3 3 S1RE	EET A	ADDRESS			
CITY-ST-ZIP				3.4. CITY	Y - \$1	- ZIP			
TITLE			DELETE	4.1 JITLE	ŧ		·	Chang	e 🔲 Addition
NAME	1					i			
STREET ADDRESS				4. 2 NAM	Æ	ļ			I
CITY OF TIP				4. 2 NAM 4.3 STRE		DORESS			
CITY-ST-ZIP				4.3 STRE	ET A				
TITLE			DELETE	4.3 STRE 4.4 CITY 5.1 THLE	ET A - \$1-			Chang	e 🔲 Addition
TITLE NAME		<u> </u>	DELETE	4.3 STRE	ET A - \$1-				e 🔲 Addition
TITLE NAME STREET ADDRESS		·] DELETE	4.3 STRE 4.4 CITY 5.1 THLE	- \$1 - E IE	- ZIP			e Addition
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indicated on this armual report or supplied will this ming does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual 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.