FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L39449

(8)

STRICTLY KOSHER MARKET, INC

FILED
Mar 26 1998 8:00am
Secretary of State

|--|--|--|

Principal Place	al Place of Business Mailing Address							
7335 W. ATLANTIC AVENUE 7335 W. ATLANTIC AVENUE								
DELRAY BEAC	DELRAY BEACH FL 33446 DELRAY BEACH FL 33446		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified		
						01/02/1990		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21	4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	26				65-0165655		t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		\$8.75 Addition				
22		27		5. Certificate of Status Desired Fee Require				
City & State)	City & State		6. Election Campaign Financing \$5.00 May				
23		28			Trust Fund Contribution	Added t		
Zip	Country	Zip			****	8. This corporation owes or has paid the o	urrent year Int	angible
24	25	29	30			Personal Property Tax due June 30.] No
	9. Name and Address of Curren	t Registered Agent	I			10. Name and Address of New Registered	Agent	
KA1	rz, david			61	Name			
	55 NE 34TH COURT			82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
	727			82	Stieet Addie	ess (P.O. BOX NUMBER IS NOT Acceptable)		
	IMI FL 33160		Ì	83				
INICA	IMR F L 33100			_			[] 	2. 2.
				84	City	· F	L 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the ab	ove	named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing it	s registered
office or ri	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Sucri change was a ations of, Section 607,0505, Flo	iuinorized orida Stati	ıtes.	the corporation	on's board of directors, Thereby accept the ap	pomunent as	registered
SIGNATURE								
SIGNATORE	Signature, typed or printed name of registered age			Apen	n signature require	ed when reinstating) DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	S	☐ DELETE	1.1 TIT	LE			Change	Addition
NAME	KATZ, DAVID		1.2 NA	ME				
STREET ADDRESS	20355 NE 34TH COURT		1.3 \$T	REET A	ADDRESS			ļi
CITY-ST-ZIP	MIAMI FL		1.4 CIT		- ZIP		<u> </u>	
TITLE	V	L_ DELETE	2.1 TH	LE			Change	Addition
NAME	Katz, robert		2.2 NA	ME	j			
STREET ADDRESS	20355 NE 34TH COURT		2.3 ST	REET A	ADDRESS .			
CITY-ST-ZIP	MIAMI FL		2. 4 CI	TY-S	T-ZIP			
TITLE		☐ DELETE	3 1 TiT	LΕ	ļ	*	☐ Change	L.I Addition
NAME			3.2 NA	ME				1
STREET ADDRESS			3.3 ST	REET A	ADDRESS			ļ
CITY-ST-ZIP			3.4. CI	TY-\$	T-ZIP			
TiTLE	•	DELETE	4.1 717	(LE			Change	Addition
NAME	•	and the second second	4.2 N	AME				
STREET ADDRESS			4.3 ST	REET /	ADDRESS			
CITY-ST-ZIP			4.4 CI	IY-ST	r-ZIP			
TITLE		☐ DELETE	5.1 111	LE			Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET /	address			
CITY-ST-ZIP			5.4 CF	1Y-\$1	r-zip			
TITLE		DELETE	6.1 TIT	LE	T I		Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET	ADORESS			İ
CFTY-ST-ZIP			6.4 CI	TY-ST	r-ZIP			

14. Thereby certify that the information supplied with this filling 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 suppliemental finual 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 composition or the focal on or the focal or or the focal or the fo

SIGNATURE:

198 561-495-1144