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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L53589 (2) NPI FOODS, INC. Principal Place of Business Mailling Address 2825 GARDEN STR TITUSVILLE FL 32798-3121 US PO BOX 676067 ORLANDO FL 32967-8087 US					
				3. Date Incorporated or Qualified 02/26/1990	3a. Date of Last Report 02/23/1996
21 68 Suite, Apt.	717	Suite, Apt. #, etc.	<u>us i</u>	FEI Number 59-3059275 Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
City & Stete	OA FL	27 City & State 28 City & State City & State City & State City & Ci	/FL Country	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 329	27 25 USA	29 3292)	30 U.JA		Yes No
2845 TITU	9. Name and Address of Current OPOULOS, NICK GARDEN ST SVILLE FL 32796		83 Street Addr 0 5 (83 84 City \delta 2	10. Name and Address of New Re I.M. ILTS POLICE ESS (P.O. Bpx Number is Not Acceptate CONTROL OF THE CONTROL OF T	FL 85 Zu Code 320)
office or re agent. I as	egistered agent, or both, in the State on tamiliar with, and accept the obligation of the obligation o	If Florida, Such change was a ions of Section 607,0505, Floring title if applicable (NOTE)	nuthorized by the corporational Statutes. For gistered Agent signature requirements.	poration submits this statement for the prion's board of directors. Thereby accept the prion's board of directors and the prior of the	of the appointment as registered
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ILTSOPOULOS, NICK 2845 GARDEN ST TITUSVILLE FL	Done	13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGGES, KYRIACOS 6811 N US 1 COCOA FL	□ DELETE	21 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D ILTSOPOULOS, PETROS 293 E TOWNE PL. TITUSVILLE FL	D ouric	2.4 CHY-SI-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-SI-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□.DETETE ·	5.1 THLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CHY: ST-2IP		Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DELÉTE	63 TIPLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		Change Addition
14. I do herek informatio I am an ol	o indicated on this annual report or su	pplemental annual report is tr he receiver or trustee empow	y for the exemption stated ue and accurate and that ered to execute this repor	f in Section 119 07(3)(i), Flotida Statule my signature shall have the same lega t as required by Chapter 607, Florida S	! effect as if made under eath: the