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

PROFII
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #

Principal Place of Business

% SHELDON BRUCE SPIVAK

2. Principal Place of Business.

TAMPA FL 33618-2020

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Corporation Name # L67990

(6)

NOSH ON RYE, INC.

14422 N. DALE MABRY HWY., COLONIAL SQ. PLZ

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

% SHELDON BRUCE SPIVAK 14422 N. DALE MABRY HWY.. COLONIAL SO. PLZ TAMPA FL 33618-2020 FILED Apr 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

04/25/1990

59-3003285

5. Certificate of Status Desired

4. FEI Number

| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
|--|--|-------------------------------|-----------------|--------------------------------|--------------------|--|-------------------------------------|---------------------------|--|
| Z _{ip} | Country 2ip C 25 29 30 | | ······ 1 | Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | |
| | g. Name and Address of Curr | ent Registered Agent | | B1 | Name | 10. Name and Address of New Registe | red Agent | | |
| SPIVAK, SHELDON B. | | | | | Name | | | | |
| 14422 N. DALE MABRY HWY COLONIAL SQUARE PLAZA TAMPA FL | | | | 82 | | | | | |
| | | | | 83 | | | | | |
| | | | | 84 | City | | FL 85 Zip (| Code | |
| office or re- | o the provisions of Sections 607 0 gistered agent, or both, in the Sta n familiar with, and accept the obl | ite of Florida. Such change | was authorize | ed by | the corporat | poration submits this statement for the purpo- tion's board of directors. I hereby accept the | se of changing it appointment as | s rogistere registered | |
| IGNATURE _ | Specialize, typed or product non-collegistered. | agent and take it applie able | (NOTE Registers | ed Agen | it signature requi | rod when reinstating) DA | 1 <u>E</u> | | |
| }, | OFFICERS A | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS | | | |
| LE | D | ☐ DELF | IL 111 | IftE | | | Change | Addi | |
| ME | SPIVAK, SHELDON B. | | 12N | 1.2 NAME 1.3 STREET ADDRESS | | | | | |
| EET ADDRESS | 16207 SAWGRASS CIR | | 1.3 S | | | | | | |
| r-SI-7#P | TAMPA FL | | 140 | 1.4 CITY - S1 - ZIP | | | | | |
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| 16 | SPIVAK, ALICE | | 22 N | IAME | | | | | |
| EET AUDRESS | 16207 SAWGRASS CIR | | 235 | STREET A | ADDRESS | | | | |
| (-ST-ZIP | TAMPA FL | | . 240 | CI1Y - S1 | 1 - ZIP | | | | |
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| re | | | 3.2 N | IAME | | | | | |
| ET ADDRESS | | | 335 | STREET A | ADDRESS | | | | |
| -S1-7iP | | | 3 4. (| CITY-SI | 1 - 71P | | | | |
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| ir | | | 4.21 | NAME | | | | | |
| EE L'ADDRESS | | | 4.3 S | STREET | ADDRESS | | | | |
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| IEET ADDRESS | | | 6.3 \$ | STREET A | ADDRESS | | | | |
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S. BRUCE SpirAX