FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L82144 (1)

1. Corporation Name
LITTLE ANGEL FOODS, INC.

Principal Place of Business	Mailing Address
220 MASON AVENUE HOLLY HILL FL 32117	220 MASON AVENUE HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/18/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 817 SWIFT STREET	26 817 SWIFT STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 DAYTONA BEACH, FL	28 DAYTONA BEACH, FL
24 Zip 32114 25 Country USA	29 Zip 32114 30 Country USA

4. FEI Number: 59-3018972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DANIELS, DOUGLAS A. ESQUIRE
149-F SOUTH RIDGEWOOD AVENUE
SUITE 120
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	O'MEARA, JIM	1.2 NAME	GUS PSYCHAS
STREET ADDRESS	~~220 MASON AVENUE~~ 817 SWIFT STREET	1.3 STREET ADDRESS	8 OAK DRIVE
CITY-ST-ZIP	~~HOLLY HILL FL~~ DAYTONA BEACH, FL	1.4 CITY-ST-ZIP	HIGHLAND MILLS, N.Y. 10930
TITLE	VPS	2.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	POLZELLA, PETER	2.2 NAME	STEVE MALIN
STREET ADDRESS	~~220 MASON AVENUE~~ 817 SWIFT STREET	2.3 STREET ADDRESS	817 SWIFT STREET
CITY-ST-ZIP	~~HOLLY HILL FL~~ DAYTONA BEACH, FL	2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VPT	3.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	~~PETRIT, JOSEPH E.~~ TERMINATED	3.2 NAME	WALT TEASDALE
STREET ADDRESS	~~220 MASON AVENUE~~ Delete	3.3 STREET ADDRESS	6507 STAFFORD TERRACE AVE.
CITY-ST-ZIP	~~HOLLY HILL FL~~	3.4 CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000390 OF