


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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L83691 (0)			
1. Corporation Name THE DELI CASE, INC.			
Principal Place of Business % CARL J. LOWRY 4400 BAYOU BLVD. # 55 PENSACOLA FL 32503		Mailing Address % CARL J. LOWRY 4400 BAYOU BLVD. # 55 PENSACOLA FL 32503-1909	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent LOWRY, CARL J. 4400 BAYOU BLVD. #55 PENSACOLA FL 32503		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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: _____ (NOTE: Registered Agent signature required when reinstating)			
DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <input type="checkbox"/> DELETE		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME LOWRY, CARL J.		13.2 NAME	
12.3 STREET ADDRESS 4400 BAYOU BLVD.#55		13.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP PENSACOLA FL		13.4 CITY-ST-ZIP	
12.5 TITLE <input type="checkbox"/> DELETE		13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY-STATE-ZIP		13.8 CITY-ST-ZIP	
12.9 TITLE <input type="checkbox"/> DELETE		13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY-STATE-ZIP		13.12 CITY-ST-ZIP	
12.13 TITLE <input type="checkbox"/> DELETE		13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY-STATE-ZIP		13.16 CITY-ST-ZIP	
12.17 TITLE <input type="checkbox"/> DELETE		13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY-STATE-ZIP		13.20 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing 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: _____		DATE: 4/10/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		9044773384	



CR2E034 (9/96)