## SÉCOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

FOOD AND THOUGHT, INC.

Principal Place of Business	Mailing Address						
3369 Sheridan St.	3369 SHERIDAN ST.						
Hollywood Fl 33021-3606	HOLLYWOOD FL 33021-3606						

## **FILED** Aug 15 1997 8:00am Secretary of State



3369 SHERIDAN ST. HOLLYWOOD FL 33021-3606				3369 SHERIDAN ST. HOLLYWOOD FL 33021-3606						DO NOT WRITE IN THIS SPACE							
											3. Date Incorporated or Qualified	3a	3a. Date of Last Report			7	
											07/11/1984		01/26/1996				
2. Principal Place of Business					2a. Mailing Address						4. FEI Number			Apr	olied For	]	
21	1				26]						59-2425837	Not Applicable				4	
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.						<b>5.</b> Certificate of Status Desired			\$8.75 Additional Fee Required			
City & Stat	y & State				City & State						Election Campaign Financing     Trust Fund Contribution				May Be > Fees		
Zip 24								Count	try 8. This corporation owes or has paid the current year le						ingible No		
			Iress of Current		stered	Agent		<del>-</del>			10. Name and Address of New I			_=		┪	
HE	FT, RICHAP	RD G.						8	1	Name			1//		1.49	7	
3369 SHERIDAN ST						-  -			2	Street Add	Street Address (P.O. Box Number is Not Acceptable)						
нс	DLLYWOOD	FL 3302	21					8	,				Po	44	·	-	
													ليو	ho	M		
								8	4	City		F	=L  85	Zip C	ode *		
11. Pursuant	to the provisi	ions of Se	ections 607,0502	arid (	607.150	08, Florida	Statutes	, the abo	ve-	-named co	rporation submits this statement for the ation's board of directors. I hereby acc	purpos	e of changi	ng its	registered	1	
agent. I a	am familiar wit	th, and a	ccept the obligat	ons o	of, Sect	ion 607.0	505, Florid	da Statut	es.	· · · · · · · · · · · · · · · · · · ·	and to bound of directors. Thereby add	opi ino	арролино	1 (13)	ogistorea		
SIGNATURE	Signature typod	or prioted p	arue of registered agent	And till	le il ennic	ablo	(NOTE: F	Renistered A	nen	t signature regu	uired when reinstating)	DAT	·r				
12.	organia di spisa	Di princo ia	OFFICERS AND				(1011)	13.	90.	n orgina.ore requ	ADDITIONS/CHANGES TO OFF			TOR	S IN 12	16	
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NAME	HEFT, R							1.2 NAME	Ē								
STREET ADDRESS	3369 SH							1.3 STRE	ET A	ADDRESS						}	
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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 33 if changed, or on an attachment with an address.