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 18 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M34199** **(3)**

1. Corporation Name
BADE FOOD SALES, INC.

Principal Place of Business	Mailing Address
% L. KRUPNICK P.A. 699 S. FEDERAL HWY. HOLLYWOOD FL 33020	% L. KRUPNICK P.A. 699 S. FEDERAL HWY. HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1986
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o L. KRUPNICK	26 c/o L. KRUPNICK
Suite, Apt. #, etc. 22 207 DUNWOODY LANE	Suite, Apt. #, etc. 27 207 DUNWOODY LANE
City & State 23 HOLLYWOOD, FL	City & State 28 HOLLYWOOD, FL.
Zip 24 33021 Country 25 U.S.A.	Zip 29 33021 Country 30 U.S.A.

4. FEI Number: 59-2688151 ☐ 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	10. Name and Address of New Registered Agent
YABLIN, ARNOLD ESQ. 699 S. FEDERAL HWY. HOLLYWOOD FL 33020	81 Name: BETTY HOFFMAN 82 Street Address (P.O. Box Number is Not Acceptable): c/o L. KRUPNICK 83: 207 DUNWOODY LANE 84 City: HOLLYWOOD FL 85 Zip Code: 33021

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: BETTY M HOFFMAN X Betty M. Hoffman 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, BETTY M	12 NAME	
STREET ADDRESS	C/O L. KRUPNICK 699 S FEDERAL HWY	13 STREET ADDRESS	c/o L. KRUPNICK 207 DUNWOODY LANE
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	33021
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, WILLIAM	22 NAME	
STREET ADDRESS	4739 ST-MORITZ DR	23 STREET ADDRESS	
CITY-ST-ZIP	LILBURN GA	24 CITY-ST-ZIP	30247
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, ROARK J.	32 NAME	
STREET ADDRESS	11727 GLENNABBEY WAY	33 STREET ADDRESS	11727 GLENN ABBEY WAY
CITY-ST-ZIP	CHARLOTTE NC	34 CITY-ST-ZIP	28277
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DIXON, ELISE L.	42 NAME	(MAIN BOX)
STREET ADDRESS	2237 BEMERY ST.	43 STREET ADDRESS	2237 (B) EMERY STREET
CITY-ST-ZIP	LONGMONT CO	44 CITY-ST-ZIP	80501
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, JOHN	52 NAME	
STREET ADDRESS	C/O L. KRUPNICK ~~699 S FEDERAL HWY~~	53 STREET ADDRESS	c/o L. KRUPNICK 207 DUNWOODY LANE
CITY-ST-ZIP	HOLLWOOD FL	54 CITY-ST-ZIP	33021
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 John Hoffman JOHN HOFFMAN, PRES. 4/15/95 305 989-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0260361 CP