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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M83410

(4)

SUN STATE FOOD CORPORATION

FILED Feb 02 1998 8:00am Secretary of State

| 00110 | TATE 1 000 COM CHANGE | • | | | |
|--|---|---------------------|--|--|--|
| Principal Place | e of Business | Mailing Address | | | |
| 2700 N 29 A | VENUE | 2700 N 28 AVENUE | | | |
| 2018 2018 | | | | DO NOT WRI | TE IN THIS SPACE |
| HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 US US | | | | 3. Date Incorporated or Qualified | w |
| - 00 | | 00 | | 06/01/1988 | ' |
| 2 Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | ado or positions | 26 | | 65-0049934 | Not Applicable |
| Suite, Apt. #, etc. Suite, | | Suite, Apt. #, etc. | | | \$9.75 additional |
| 22 SUITE # 304 27 SU | | | 1.304 | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has | |
| 24 | 26 | | 30 | Personal Property Tax due Jui | |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New I | |
| LHOTKA, JOSEPH W. 81 Name-JOSEE F | | | | SEPH W. LHOTKI | 4 |
| 11900 BISCAYNE BLVD #268 B2 Street | | | | ddress (P.O. Box Number is Not Accept | able) |
| ML | AMI FL 33181 | | | 64 CARAVELLE C | IRCLE |
| | | | $ B \mathcal{B} \propto$ | CA RATON FL | 33433 |
| | | | 84 City | | |
| | | | - ' ' | | FL 33733 |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorida 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. | | | | | |
| agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes. | | | | | |
| SIGNATURE | Toward W | Troug | JOSEPH W | s. LHOTKA | 1-25-98 |
| | Signature, typed or printed name of registered agen | | Registered Agent signature r | | |
| 12. | OFFICERS AND | DELETE | 13. | N.D | Change Addition |
| TITLE | LHOTKA, JOSEPH W. | otter | 1.3 TIBLE | LUATION TOSEPH L | 2 Change Discours |
| NAME | 11900 BISCAYNE BLVD #268 | | 1.2 NAME | LAUTER JOSEPH O | CIRCLE |
| STREET ADDRESS | MIAMI FL | | 1.3 STREET ADDRESS | BUCA RATION | FL. 32437 |
| CITY-ST-ZIP | MINNIE | ☐ DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | LHOTICA JOSEPH LI 22564 CARAVELLE BOCA RATON | Change Addition |
| TATLE | | LJ ottett | | TOFOH IN 1 HOTIES |) |
| NAME | | | 2.2 NAME | SOCIU CARAVELLE | CIRCLE, |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | JOSEPH W. LHOTLER 22564 CARAVELLE BOCA RATON | FL 33433 |
| CITY-ST-ZIP | | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | | Change Addition |
| TITLE | | | 3.2 NAME | | |
| NAME | | | 3.3 STREET ADDRESS | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. CITY+ST-ZIP 4.1 TITLE | | Change Addition |
| NAME | | _ 522212 | 4. 2 NAME | | |
| · · | | | | | |
| STREET ADDRESS | | • | 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| | | - VICEIC | 5.2 NAME | | |
| NAME OTDECT ADDRESS | | | 5.3 STREET ADDRESS | | ļ |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | Change Addition |
| TITLE | | | E I | | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | ! |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | 440.07/07/0 | I further postily that the information |

14. I 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 chapted, or on an attachment with an address.

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