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

**PROFIT** CORPORATION. ANNUAL REPORT 2001



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P00000040755

NOSHERY DELI, INC.

**FILED** May 11, 2001 8:00 am Secretary of State

05-11-2001 90127 032 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP  DSTEVENS, MARCIA STREET ADDRESS CITY-ST-ZIP  DSTEVENS, MARCIA STREET ADDRESS CITY-ST-ZIP  DOUNTON BEACH, FL 33 43  STREET ADDRESS CITY-ST-ZIP  DELETE  DSTEVENS, MARCIA  22 NAME 23 STREET ADDRESS THE HUNTINGTON LANE APT 202 24 CITY-ST-ZIP  DELETE  DELETE  DSTEVENS, MARCIA  22 NAME 23 STREET ADDRESS THE HUNTINGTON LANE APT 202 24 CITY-ST-ZIP  DELDAY BEACH, FL 33 446  STREET ADDRESS THE LADDRESS THE L								
SUITE 400  CORAL SPRINGS, FL 33065  CORAL SPRINGS, FL 33065  2. Principal Place of Business  2. A Mailing Address 2. Suite, Apt. 4, etc. 2. Suite, Apt. 4, etc. 2. Suite, Apt. 4, etc. 2. City & State 2. Country 2. December 1 of Country 2. December 1 of Country 2. December 2 of Country 2. December 2 of Country 2. December 2 of Country 2. December 3 of Country 3. Date incorporation of Country 1 of Country 3. Country 3. Certificate of Status Desired 1 of Required Address of Name 3 of Country 3. Suite Apt. 4, etc. 3. Certificate of Status Desired 1 of Required Address of Name 4 of Country 3. Suite Apt. 4, etc. 3. Certificate of Status Desired 1 of Required Address of Name 4 of Country 1 of Country	Principal Plac	e of Business						
CORAL SPRINGS, FL 3 3065  CORAL SPRINGS FL 3 3065  CORAL SPRINGS FL 3 3065  22. Mailing Address 23. Mailing Address 24. FEINAME 25. Certificate of Status Desired   Applied For   Not Applicate For   Not Appl	9900 WEST SAMPLERD 4900 WEST SAMPLER					arraycolorginal		
2. Principal Place of Business 2. Amailing Address 2. Suite, Apt. #, etc. 2.	Sur	TE 400	Sur	TE 40	O	DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c.	CORAL SPRINGS, FL 33065 CORAL SPRINGS FL					Date Incorporated or Qualified		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Society   Status   Suite   Suite, Apt. #, etc.   Society   Suite   Suite, Apt. #, etc.   Society   Suite   Suite, Apt. #, etc.   Su	2. Principal P	Place of Business				4 FF1 M		
State   Stat			<del></del>			HPPLIED POR	- <del></del>	
City & State 23  City & State 25  City & State 26  Country 27  Country 28  Country 29  Country 28  Country 28  Country 29  Country 28  Country 28  Country 29  Country 28  Country 29  Country 29  Country 20  Cou	<del></del> -	#, etc.	<del></del> -			5. Certificate of Status Desired		
25		9	<del></del>			Fee Required		
Country   Zip   Country   Zip   Country   State			<del> </del>			<b>40.00</b> May be		
28   28   29   30   Personal Property Tax due June 30   Nes   No	Zip	Country	Zip	<b></b>	гу	8. This corporation owes or has paid the curren		
SANDY ESQ   81 Name   SANDY KONIGS BERE   ESQ   82 Street Address (PO. Box Number is Not Acceptable)   83 300 UNIVERSITY DRIVE SUITE 311   84 City CORAL SPRINGS   FL   85 300 ST   85 300 ST   84 City CORAL SPRINGS   FL   85 300 ST   85 300 ST   84 City CORAL SPRINGS   FL   85 300 ST   85 30 ST   85 ST	24			30		Personal Property Tax due June 30.	Yes 🔲	
9900 WEST SAMPLE ROAD  SUITE 400  CORAL 3PRINGS, FL 3 3065  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.  SIGNATURE A. SANDY KOULICS DETY  SIGNATURE A. SANDY KOULICS DETY  OFFICERS AND DIRECTORS  ITILE  OFFICERS AND DIRECTORS IN 12  ITILE  OFFICERS AND DIRECTORS IN 12  ITILE  OFFICERS AND DIRECTORS  ITILE  OFFICERS AND DIRECTORS IN 12  ITILE  OFFICERS AND DIRECTORS IN 12  ITILE  OFFICERS AND DIRECTORS  ITILE  OFFICERS AND DIRECTORS IN 12  ITILE  OFFICERS AND DIRECTORS  ITILE  O		9. Name and Address of Current	Registered Agent		1 Name, f			
SUITE 400  CORAL SPRINGS, FL 33065  11. Pursuit 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE Win SANDY KONI CSDETY Signature, typed or proper agreed under the directors. I hereby accept the appointment as registered Agent signature required when renatating)  DATE  12. OFFICERS AND DIRECTORS TITLE  D'STEVENS, JERRY ADELETE  INTILE  D'STEVENS, MARCIA  STEVENS, STEVENS, MARCIA  STEVENS, STEVEN	1401	NIGSBERG N. SA	ANDY RONIGS BERG, ESQ.					
SUITE 400 CORAL SPRINGS, FL 33065  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 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 ALSANDY KONJESTORY  Signaluse lybed or purplet name of registered agent and like it applicable. (NOTE Registered Agent signature required when rentating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ITITLE  NAME  STREET ADDRESS  CITY ST-2P  DOYNTON BEACH, FL 33437  THE DOYNTON BEACH, FL 33437  THE DOYNTON BEACH, FL 33437  THE DELETE  STREET ADDRESS  CITY ST-2P  DOYNTON BEACH, FL 33437  THE DELETE  STREET ADDRESS  CITY ST-2P  DELETE  STREET ADDRESS  CITY ST-2P  DOYNTON BEACH, FL 33437  THE HUNTIN G-TON LANE APT 202  THE DELETE  STREET ADDRESS  CITY ST-2P  DELATH BEACH, FL 33426  THE Change Addition  Addition  Change Addition  BOYNTON BEACH, FL 33426  THE LANE  STREET ADDRESS  CITY ST-2P  DELETE  STREET ADDRESS  CITY ST-2P  BOYNTON BEACH, FL 33426  THE Change Addition  Addition  Change Addition  Change Addition  Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  THE LANE  THE LANE  CHANGE  CHANG	990	DO WEST SAMPLE F	20AD	ress (P.O. Box Number is Not Acceptable)				
BI   City CORAL SPRINGS   FL   85   Zip Code   3 30 City	ຮີ່ບໍ	ITE400		83 2 2		LINIVERSITY DRIVE S	N.TE	211
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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE W., SANDY KONJICS/NETCY Signaluti. Ippad op prijed name of registered agent and line if applicable.  NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  DELETE  13. TITLE  DATE  Change  Addition  Change  Addition  Addition  STEVENS, MARCIA  LE STREET  ADVINTON BEACH, FL 33 437  14.007-51-21P  DELEAY BEACH, FL 3 3 4436  CITY-SI-21P  DELEAY BEACH, FL 3 3 4436  TITLE  DELETE  13. STREET ADDRESS  CITY-SI-21P  DELAAY BEACH, FL 3 3 4436  CITY-SI-21P  DELAAY BEACH, FL 3 3 4436  CITY-SI-21P  DELAAY BEACH, FL 3 3 4436  TITLE  DELETE  10. DELETE  11. TITLE  12. NAME  13. STREET ADDRESS  DELAAY BEACH, FL 3 3 4436  CITY-SI-21P  DELETE  13. TITLE  14. TITLE  15. TIT	CORAL SPRINGS FL 33065							
SIGNATURE N. SANDY KONICS DETGET  Signature. Typed or pringed raine of registered agent and time if applicable.  SIGNATURE N. SANDY KONICS DETGET  Signature. Typed or pringed raine of registered agent and time if applicable.  (NOTE: Pregistered Agent signature required when renatating)  DATE  12. OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STEVENS, JERRY  INTILE  DSTEVENS, MARCIA  STREET ADDRESS  CITY-ST-ZIP  DELETE  STEVENS, MARCIA  STREET ADDRESS  L8 22 CAMILLE STREET  DELETE  L9 21 TITLE  DAY TON BEACH, FL 33 43  DELETE  1.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  DELETE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.2 NAME  3.3 STREET ADDRESS  1.4 CITY-ST-ZIP  DELETE  3.1 TITLE  DELETE  4.1 TITLE  DELETE  4.2 NAME	CONTROL       23060							
SIGNATURE N. SANDY KON I CSO PETCY Signature typed or physical or physical applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change   Addition  17. Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change   Addition  29. Cha	onice or r	registereo agent, or boili, in the State o	i rioriga. Such change was	aumorizea t	oy the corpora	poration submits this statement for the purpose of chaption's board of directors. I hereby accept the appoint	anging its	registered
12. OFFICERS AND DIRECTORS  THE  THE  NAME  STEVENS, JERRY  LOSAL CAMILLE STREET  STEVENS, MARCIA  STREET ADDRESS  CITY-ST-ZIP  THE  STEVENS, MARCIA  STREET ADDRESS  CITY-ST-ZIP  THE  STEVENS, MARCIA  STREET ADDRESS  CITY-ST-ZIP  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  THE  STEVENS, MARCIA  CAMILLE STREET  DELAY BEACH, FL 33437  THE  STREET ADDRESS  CITY-ST-ZIP  DELAY BEACH, FL 33446  THE  STREET ADDRESS  CITY-ST-ZIP  DELAY BEACH, FL 33426  THE  STREET ADDRESS  CITY-ST-ZIP  DELAY BEACH, FL 33426  THE  STEVENS MARCIA  Change Addition  Addition  Addition  Addition  THE  STEVENS MARCIA  STEVENS MARCIA  THE  STEVEN	agent. i a	em tamiliar with, and accept the obligati	ions of, Section 607.0505, F	lorida Statut	es.			9.0.0.0
12. OFFICERS AND DIRECTORS  THE  THE  NAME  STEVENS, JERRY  LOSAL CAMILLE STREET  STEVENS, MARCIA  STREET ADDRESS  CITY-ST-ZIP  THE  STEVENS, MARCIA  STREET ADDRESS  CITY-ST-ZIP  THE  STEVENS, MARCIA  STREET ADDRESS  CITY-ST-ZIP  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  THE  STEVENS, MARCIA  CAMILLE STREET  DELAY BEACH, FL 33437  THE  STREET ADDRESS  CITY-ST-ZIP  DELAY BEACH, FL 33446  THE  STREET ADDRESS  CITY-ST-ZIP  DELAY BEACH, FL 33426  THE  STREET ADDRESS  CITY-ST-ZIP  DELAY BEACH, FL 33426  THE  STEVENS MARCIA  Change Addition  Addition  Addition  Addition  THE  STEVENS MARCIA  STEVENS MARCIA  THE  STEVEN	SIGNATURE [	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered A	gent signature requ	ired when reinstating)	-01	
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STEVENS, MARCIA  STEVENS, MARCIA  6824 CAMI LLE STREET  CITY-ST-ZIP  DOYNTON BEACH, FL 33437  DELDAY BEACH, FL 33446  3.1 TITLE  NAME  STEVENS, MARCIA  2.2 NAME  2.3 STREET ADDRESS  DELDAY BEACH, FL 33446  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  3.4 CITY-ST-ZIP  DELETE  DELAY BEACH, FL 33446  CHANGE  Addition  TITLE  DELETE  1 DELETE		7	☐ DELETE			<u> </u>	Change	Addition
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CITY-ST-ZIP 6.4 CITY-ST-ZIP		Of the Art - I do not be a second	LAU Transparent					
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 eath: that I am an	Indicated	i on this annual report or supplemental	annual report is true and ac	ccurate and i	that my signati	ure shall have the same legal effect as if made under	r nath: that	laman i
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.	1 officer or	director of the corporation of the recei	ver or trustee empowered to	execute thi	s report as rec	quired by Chapter 607, Florida Statutes; and that my	name appe	ears in

JANET SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR