

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

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90127 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 2001	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000040755

1. Corporation Name

NOSHERY DELI, INC.

Principal Place of Business

Mailing Address

9900 WEST SAMPLE RD
 SUITE 400
 CORAL SPRINGS, FL 33065

9900 WEST SAMPLE RD
 SUITE 400
 CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4-19-00

4. FEI Number

APPLIED FOR

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KONIGSBERG N, SANDY ESQ
 9900 WEST SAMPLE ROAD
 SUITE 400
 CORAL SPRINGS, FL 33065

81 Name

N. SANDY KONIGSBERG, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

83

3300 UNIVERSITY DRIVE SUITE 311

84 City

CORAL SPRINGS

FL

85 Zip Code

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 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 N. SANDY KONIGSBERG

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-01

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D STEVENS, JERRY X DELETE
 6822 CAMILLE STREET
 BOYNTON BEACH, FL 33437

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D STEVENS, MARCIA X DELETE
 6822 CAMILLE STREET
 BOYNTON BEACH, FL 33437

TITLE NAME STREET ADDRESS CITY - ST - ZIP

X DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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TITLE NAME STREET ADDRESS CITY - ST - ZIP

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TITLE NAME STREET ADDRESS CITY - ST - ZIP

X DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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 changed, or on an attachment with an address.

SIGNATURE: Janet Smith

JANET SMITH

4/25/01

954 782 4464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)