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
1995 MAR 22 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36819 (1)

1. Corporation Name
4C FOODS CORP.

Principal Place of Business
580 FOUNTAIN AVE.
BROOKLYN NY 11208

Mailing Address
580 FOUNTAIN AVE.
BROOKLYN NY 11208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1991
3a. Date of Last Report: 03/01/1994
4. FEI Number: 11-1691181 ☐ 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

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CELAURO, SALVATORE F., SR.
16660 SENTERRA DR.
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 [signature] Pres 3/9/94

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	CELAURO, SALVATORE F.,SR
STREET ADDRESS	16660 SENTERRA DR
CITY-ST-ZIP	DELRAY BCH FL
TITLE	DC
NAME	CELAURO, ROSE F.
STREET ADDRESS	1420 SHERIDAN AVE
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	DP
NAME	CELAURO, JOHN A.
STREET ADDRESS	580 FOUNTAIN AVE.
CITY-ST-ZIP	BROOKLYN NY
TITLE	V
NAME	CELAURO, NATHAN J.
STREET ADDRESS	580 FOUNTAIN AVE.
CITY-ST-ZIP	BROOKLYN NY
TITLE	VS
NAME	CELAURO, WAYNE J.
STREET ADDRESS	580 FOUNTAIN AVE.
CITY-ST-ZIP	BROOKLYN NY
TITLE	T
NAME	MCCRACKEN, SALVATRICE
STREET ADDRESS	580 FOUNTAIN AVE.
CITY-ST-ZIP	BROOKLYN NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	☒ Change ☐ Addition
1.2 NAME	ROSE CELAURO	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	NO LONGER DIRECTOR/CHAIRMAN	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	ROSEANN CELAURO	
2.3 STREET ADDRESS	580 FOUNTAIN AVENUE	
2.4 CITY-ST-ZIP	BROOKLYN, NY 11208	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

800001437308
-03/23/95--01012--014
****200.00 ****200.00

3-22

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(i)(k), 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: [signature] Pres 3/10/95 718 272 4 4 4 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37493** **(4)**

1. Corporation Name

PORTFOLIO ACCEPTANCE CORP.

300001441763
=03/28/95==01093==014
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ATTN: ~~XXXXXXXXXX~~ GENE O'BANNON 8131 LBJ FREEWAY, STE 400 DALLAS TX 75251 US	ATTN: ~~XXXXXXXXXX~~ GENE O'BANNON 8131 LBJ FREEWAY, STE 400 DALLAS TX 75251 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 02/14/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 75-2408815 ☐ 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

C T CORPORATION SYSTEM
8751 WEST BROWARD BOULEVARD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable   NOTE: Registered Agent signature required when reinstating   DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~CALLAGHAN, TIMOTHY R.~~
STREET ADDRESS	ONE CANTERBURY GREEN
CITY - ST - ZIP	STAMFORD CT
TITLE	P
NAME	~~GREGORY, GELETKA A~~
STREET ADDRESS	8131 LBJ FREEWAY, STE 400
CITY - ST - ZIP	DALLAS TX
TITLE	V
NAME	~~ROBINSON, ROB D~~
STREET ADDRESS	~~8131 LBJ FREEWAY, STE 400~~
CITY - ST - ZIP	~~DALLAS TX~~
TITLE	SV
NAME	~~BENHAM, RONALD M~~
STREET ADDRESS	~~8131 LBJ FREEWAY, STE 400~~
CITY - ST - ZIP	~~DALLAS TX~~
TITLE	T
NAME	HARRY, ROBERT
STREET ADDRESS	8131 LBJ FREEWAY, STE 400
CITY - ST - ZIP	DALLAS TX
TITLE	V
NAME	HOLMAN, RONALD E
STREET ADDRESS	8131 LBJ FREEWAY, STE 400
CITY - ST - ZIP	DALLAS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME	James H. Ozanne	
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		☒ Change ☐ Addition
22 NAME	Gene O'Bannon	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☒ Change ☐ Addition
42 NAME	John B. Stockton	
43 STREET ADDRESS	One Canterbury Green	
44 CITY - ST - ZIP	Stamford CT	
51 TITLE	Vice President	☐ Change ☒ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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: Gene O'Bannon   3-10-95 (214) 994-0379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LW 3-24-95

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 37987

1. Corporation Name
NW 12th AVE CORP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4710 Eisenhower Blvd. Ste #C-1 Tampa, FL 33634-6334	4710 Eisenhower Blvd. Ste #C-1 Tampa, Florida 33634-6334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 3/12/92
3a. Date of Last Report: 3/29/94
4. FEI Number: 59-3110484 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOROWITZ, LAWRENCE D.
4710 EISENHOWER BLVD
STE C-1
TAMPA, FL 33634-6334

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (Signature required for printed name of registered agent and title if applicable) (DATE) (Registered Agent signature required when filed by)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	HOROWITZ, LAWRENCE D.	12 NAME	200001436062
STREET ADDRESS	4710 EISENHOWER BLVD C-1	13 STREET ADDRESS	-03/22/95--01034--009
CITY-ST-ZIP	TAMPA, FL	14 CITY ST ZIP	****200.00 ****200.00
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HUNT, HAMILTON E., JR.	22 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD. C-1	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	24 CITY ST ZIP	
TITLE	CTD	31 TITLE	☐ Change ☐ Addition
NAME	ABRAMS, ALLAN	32 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD C-1	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	34 CITY ST ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	ABRAMS, ELAINE	42 NAME	
STREET ADDRESS	4710 EISENHOWER BLVD C-1	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

3/20/95 MH

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 fiduciary 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: _____ 2/13/95 (813) 889-8855
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
Lawrence D. Horowitz, President