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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:34

DOCUMENT # P38183 (0)

1. Corporation Name
AMERICAN FESTIVAL MARKETS, INC.

Principal Place of Business	Mailing Address
3055 CARDINAL DRIVE SUITE 304 VERO BEACH FL 32963 US	3055 CARDINAL DRIVE SUITE 304 VERO BEACH FL 32963 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/03/1992
3a. Date of Last Report: 03/17/1994

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)

4. FEI Number: 65-0320519 ☐ 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
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: IVAR W. MITCHELL
82 Street Address (P.O. Box Number is Not Acceptable): 3055 Cardinal Drive
83: Suite 304
84 City: Vero Beach FL 85 Zip Code: 32963

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: IVAR W. MITCHELL Ivar W. Mitchell 3/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE	N/A	☑ Change ☐ Addition
NAME	ANDLINGER, GERHARD R.	1.2 NAME	None	Deletion
STREET ADDRESS	3055 CARDINAL DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VT	2.1 TITLE	D P S T	☑ Change ☑ Addition
NAME	MITCHELL, IVAR W.	2.2 NAME		
STREET ADDRESS	3055 CARDINAL DRIVE	2.3 STREET ADDRESS	3055 Cardinal Drive Suite 304	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	N/A	☑ Change ☐ Addition
NAME	MAGIDA, STEPHEN A.	3.2 NAME	None	Deletion
STREET ADDRESS	477 MADISON AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP		
TITLE	AST	4.1 TITLE	N/A	☑ Change ☐ Addition
NAME	RUSSELL, JAMES R.	4.2 NAME	None	Deletion
STREET ADDRESS	3055 CARDINAL DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Ivar W. Mitchell IVAR W. MITCHELL 3/16/95 (407) 234-4998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071886 CP