

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P38183 (0)

1. Corporation Name

AMERICAN FESTIVAL MARKETS, INC.



Principal Place of Business

3055 CARDINAL DRIVE
SUITE 304
VERO BEACH FL 32963
US

Mailing Address

3055 CARDINAL DRIVE
SUITE 304
VERO BEACH FL 32963
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/03/1992

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0320519

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

MITCHELL, IVAR W.
3055 CARDINAL DRIVE
SUITE 304
VERO BEACH FL 32963

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 of officer or director who signed this statement

NOTE: If a New Agent Signature is required, see Block 10.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DPST	MITCHELL, IVAR W.	3055 CARDINAL DRIVE SUITE 304	VERO BEACH FL	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

13.

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
1. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP	☐	☐	☐
2. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-STATE-ZIP	☐	☐	☐
3. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-STATE-ZIP	☐	☐	☐
4. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-STATE-ZIP	☐	☐	☐
5. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-STATE-ZIP	☐	☐	☐
6. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-STATE-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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAR W. MITCHELL

3/5/96

(407) 234-4998

CR2E034 (12/95)