

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P39277 (9)

1. Corporation Name

FAMILY DELIGHT FOODS INCORPORATED

Principal Place of Business

Mailing Address

107 WALKER DR.
BRAMPTON ONTARIO

107 WALKER DR.
BRAMPTON ONTARIO

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



3. Date Incorporated or Qualified
06/17/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 107 Walker Drive

2a. Mailing Address
26 107 Walker Drive

4. FEI Number
52-1355644

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Brampton, Ontario

City & State
28 Brampton, Ontario

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 L6T 5K5 25 Canada

Zip Country
29 L6T 5K5 30 Canada

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EXPACK, TAMPA DIVISION
2808 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

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 person or persons authorized to register agent and the corporation.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
C	RUBENSTEIN, MAX	2600 BATHURST ST. APT 11	TORONTO, ONT.	<input type="checkbox"/>
VCP	RUBENSTEIN, JEFFREY	98 WARREN ROAD	TORONTO ON	<input type="checkbox"/>
V	ROSENBERG, DONALD	131 TORRESDALE AVE. #808	WILLOWDALE, ONT.	<input type="checkbox"/>
V	DAN LEBLANC	1087 LINDSAY DR.	OAKVILLE, ONTARIO L6M 3B6	<input type="checkbox"/>
V	MOR, WERTER,	46 INDER HEIGHTS DR.	BRAMPTON, ONT.	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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09/18/96 - 01023 - 020
****225.00 ****225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.A. LeBlanc

DATE: 9-19-96

(905) 792-9700

CR2E034 (3/96)