

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 08 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39277 (9)
 1. Corporation Name
FAMILY DELIGHT FOODS INCORPORATED



Principal Place of Business 107 WALKER DR. BRAMPTON ONTARIO L6T 5K5	Mailing Address 107 WALKER DR. BRAMPTON ONTARIO L6T 5K5
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/17/1992	3a. Date of Last Report 09/17/1996
21	28	4. FEI Number 52-1355644	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EXPACK, TAMPA DIVISION 2898 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, 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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBENSTEIN, MAX	1.2 NAME	
STREET ADDRESS	2800 BATHURST ST. APT 11	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONT.	1.4 CITY-ST-ZIP	
TITLE	VCP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBENSTEIN, JEFFREY	2.2 NAME	
STREET ADDRESS	96 WARREN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ON	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, DONALD	3.2 NAME	
STREET ADDRESS	131 TORRESDALE AVE. #808	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE, ONT.	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN LEBLANC	4.2 NAME	DAN LEBLANC
STREET ADDRESS	1087 LINDSAY DR.	4.3 STREET ADDRESS	1411 BANCROFT DR.
CITY-ST-ZIP	OAKVILLE, ONTARIO L6M 3B6	4.4 CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5V 1M2
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIOR, WERTER,	5.2 NAME	
STREET ADDRESS	46 INDER HEIGHTS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRAMPTON, ONT.	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 its 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: _____ DAN LEBLANC 28 JULY 1997

CR2E034 (4/97)