


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90012 013 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39277

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1992

4. FEI Number

52-1355644

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 owes the current year
Intangible Personal Property.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**EXPACK, TAMPA DIVISION
2898 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	RUBENSTEIN, MAX	
STREET ADDRESS	2600 BATHURST ST. APT 11	
CITY-ST-ZIP	TORONTO, ONT.	
TITLE	VCP	<input type="checkbox"/> DELETE
NAME	RUBENSTEIN, JEFFREY	
STREET ADDRESS	96 WARREN ROAD	
CITY-ST-ZIP	TORONTO ON	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBERG, DONALD	
STREET ADDRESS	131 TORRESDALE AVE. #808	
CITY-ST-ZIP	WILLOWDALE, ONT.	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAN LEBLANC	
STREET ADDRESS	1411 BANCROFT DR	
CITY-ST-ZIP	MISSISSAUGA ON	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MIOR, WERTER,	
STREET ADDRESS	46 INDER HEIGHTS DR.	
CITY-ST-ZIP	BRAMPTON, ONT.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

14. I 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 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 OF: Dan LeBlanc D.V.P. & C.F.O. 07/23/99 (905) 792-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)