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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

1996

STREET ADDRESS

DIVISION OF CORPORATIONS

1. Corporation	MENT # P9200 SISTERS DELI, INC.	0004614 (3)				
Principal Place	of Business	Mailing Address			{	WORKL BONIN BONIN BRAFO DANDA NIDIN BRADI FORL
5355 TOWN CENTER RD. KIOSK B BOCA RATON FL 33486		11531 NW 25TH ST. PLANTATION FL 33323				
					 Date Incorporated or Qualified 11/09/1992 	3a. Date of Last Report 04/27/1995
├── `		2a. Mailing Address	2a, Mailing Address 26		4. FEI Number 65-0363070	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.		00 000010	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	ate City & State				Election Campaign Financing Trust Fund Contribution	[] \$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for	
24	25	25 29 30		Florida Statutes		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered Agent
BOA UT	WID B		81			
ROY, DAVID R 4201 N FEDERAL HWY			82	Street Ad	ddress (P.O. Box Number is Not Acceptab	·le)
POMPA	NO BEACH FL 33064		83			
			84	City		FI 85 Zip Code
familiar wit	o the provisions of Sections 607,050; ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, typed or printed name of regulared agen	tion 607.0505, Florida Statutes.			poration submits this statement for the pur card of directors. I hereby accept the appora- cres when resistance.	rpose of changing its registered office continent as registered agent. I am
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1. 1 TITLE			☐ Change ☐ Addition
NAME			1.2 NAME	ĺ		
STREET ADDRESS	4667 NW 99TH AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33351			ST-ZIP		
TITLE	V DINIOS DATEION	☐ DELETE	DELETE 2 1 TITLE			Change Addition
NAME	PULICE, PATRICIA		2 2 NAME			
STREET ADDRESS	11531 NW 25TH ST.	a		1 ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33323	t Dritte	2 4 CITY-ST-ZIP			D 0 D 685
TIBLE	PULICE, JOHN	DELETE	3 1 TITLE			☐ Change ☐ Addition
NAME	11531 NW 25TH ST.		3.2 NAME			
STREET ADDRESS	PLANTATION FL 33323		3.3 STREET ADDRESS			
TIDLE	TEAT/AIION TE GOOZO	DELETE	3.4 CITY- 4 1 THLE			Change Addition
NAME		Doctor	4 2 NAME			Unlarige Accurson
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	5 1 THILE			Change Addition
NAME		_	5.2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP			5.4 City-			
TITLE		☐ DEL.ETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			

CR2E034 (12/95)

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 his 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 ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

63 STREET ADDRESS 64 CITY-ST-ZIP