

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000015483 (0)

1. Corporation Name

ORLANDO DELI MANAGEMENT, INC.



Principal Place of Business

2300 TUSCARORA TRAIL
MAITLAND FL 32751

Mailing Address

2300 TUSCARORA TRAIL
MAITLAND FL 32751

3. Date Incorporated or Qualified

12/31/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3157411

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 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

DUNEGAN, RICHARD
128 E. LIVINGSTON STREET
ORLANDO FL 32801

81

Name

WILLIAM P. WEATHERFORD

82

Street Address (P.O. Box Number is Not Acceptable)

1031 W. MORSE BLVD

83

SUITE 105

84

City

WINTER PARK

FL

85

Zip Code

32789

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

3-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

EIDE, CLARENCE T III

STREET ADDRESS

2300 TUSCARORA TRAIL

CITY-ST-ZIP

MAITLAND FL 32751

TITLE

VSD

☐ DELETE

NAME

FOSTER, JEFFREY L

STREET ADDRESS

4039 SALMON DRIVE

CITY-ST-ZIP

ORLANDO FL 32835

TITLE

CD

☐ DELETE

NAME

RIGGS, THOMAS W

STREET ADDRESS

428 OAK LYNN DRIVE

CITY-ST-ZIP

ORLANDO FL 32809

TITLE

TD

☒ DELETE

NAME

MACKUBIN, MICHAEL R

STREET ADDRESS

4204 GREENFERN DRIVE

CITY-ST-ZIP

ORLANDO FL 32810

TITLE

D

☐ DELETE

NAME

EIDE, CLARENCE T JR

STREET ADDRESS

636-C SOUTH DELANEY AVENUE

CITY-ST-ZIP

ORLANDO FL 32801

TITLE

D

☐ DELETE

NAME

BURMER, FREDERICK E JR

STREET ADDRESS

416 DEERWOOD STREET

CITY-ST-ZIP

ORLANDO FL 32825

1.1 TITLE

TREASURER, DIRECTOR

☒ Change

☐ Addition

1.2 NAME

EIDE, CLARENCE T JR

1.3 STREET ADDRESS

636C S. DELANEY AVE

1.4 CITY-ST-ZIP

ORLANDO FL 32801

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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

Date

Daytime Phone #

3/14/96 (407) 645-4009

CR2E034 (12/95)