

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002383

1. Corporation Name

HEALTH "E" HOME DELIVERED MEALS, INC.

Principal Place of Business

2519 N OCEAN BLVD
APT 412A
BOCA RATON FL 33431

Mailing Address

2519 N OCEAN BLVD
APT 412A
BOCA RATON FL 33431

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90032 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1993

4. FEI Number

65-0373582

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3594 S. OCEAN BLVD

2a. Mailing Address

26 3594 S. OCEAN BLVD

Suite, Apt. #, etc.

22 # 1101

Suite, Apt. #, etc.

27 # 1101

City & State

23 HIGHLAND BEACH, FL

City & State

28 HIGHLAND BEACH, FL

Zip

24 33487

Country

25 USA

Zip

29 33487

Country

30 USA

9. Name and Address of Current Registered Agent

WENNER, SUZETTE M
2519 N OCEAN BLVD
APT 412A
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

WENNER, SUZETTE M.

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

3594 S. OCEAN BLVD

83

1101

84 City

HIGHLAND BEACH FL

85 Zip Code

33487

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 *Suzette M. Wenner*
Signature, type or printed name of registered agent and title if applicable.

SUZETTE M. WENNER

03/03/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD
STREET ADDRESS WENNER, SUZETTE M
CITY-ST-ZIP 2519 N OCEAN BLVD APT 412A
BOCA RATON FL 33431

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE: *Suzette M. Wenner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

(954) 975-9611

CR2E034 (11/98)