

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000009065 (2)

1. Corporation Name

FLORIDA SPECIALTY FOODS, INC.

Principal Place of Business

350 GOOLSBY BLVD
DEERFIELD BEACH FL 33442

Mailing Address

P.O. BOX 4696
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1993

4. FEI Number

65-0475867

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

ASARCH, STEVEN J
7777 GLADES RD
SUITE 200
BOCA RATON FL 33434

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

CD
KLINE, LARRY
350 GOOLSBY BOULEVARD
DEERFIELD BEACH FL 33442

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD
KLINE, LOIS
350 GOOLSBY BOULEVARD
DEERFIELD BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VPD
FREEMAN, DOUGLAS
350 GOOLSBY BOULEVARD
DEERFIELD BEACH FL 33442

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

DV
FREEMAN, DONALD
350 GOOLSBY BOULEVARD
DEERFIELD BEACH FL 33442

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VD
FREEMAN, DOUGLAS
350 GOOLSBY BOULEVARD
DEERFIELD BEACH FL 33442

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

ST
CAINE, STEVEN
350 GOOLSBY BOULEVARD
DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

V.P.D. DAVID KLINE

350 Goolsby Blvd
Deerfield Beach FL 33442
Addition
954-420 7121

CR2E034 (10/97)