

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P93000009412 (6)

1. Corporation Name

CREATIVE FOOD SOLUTIONS, INC.



Principal Place of Business

Mailing Address

**P.O. BOX 590212
ORLANDO FL 32809**

**P.O. BOX 590212
ORLANDO FL 32809**

3. Date Incorporated or Qualified

03/07/1993

3a. Date of Last Report

12/29/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3164522

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

**BEAVERS, JERRY E
846 PLATO AVE.
ORLANDO FL 32809**

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 (If not, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **WINNIE, SAMUEL W**
STREET ADDRESS **411 DEVON PLACE**
CITY-ST-ZIP **HEATHROW FL 32746**

1.1 TITLE **Treasurer** ☒ Change ☒ Addition
1.2 NAME **Mindy L. Beavers**
1.3 STREET ADDRESS **846 Plato Avenue**
1.4 CITY-ST-ZIP **Orlando, Fla. 32809**

TITLE **D** ☒ DELETE
NAME **BYKIEWICZ, DALE**
STREET ADDRESS **3040 RAMBLER AVE.**
CITY-ST-ZIP **ST. CLOUD FL 34772**

2.1 TITLE **Director** ☐ Change ☒ Addition
2.2 NAME **Bernard Sommers**
2.3 STREET ADDRESS **846 Plato Avenue**
2.4 CITY-ST-ZIP **Orlando, Fla. 32809**

TITLE **D** ☐ DELETE
NAME **BEAVERS, JERRY E**
STREET ADDRESS **846 PLATO AVE.**
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 617, 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

8/6/96

DATE/TIME/PHONE #

CR2E034 (3/96)