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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000019827 (3)

CHEF'S MARKET, INC.

· 信息過過過去於於少數性各種的可能是數學的自然學到於此一個的於於國際的學科學的可能是一個的學科學的學科學學有過過不够的的可以與可能是是實施的於當時間的的學科學的學科學的學科學學科學學科學學科學學科學

FILED Apr 27 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
225 WATER S	π.	% JOHN R. CRAWFORD	% JOHN R. CRAWFORD			i i			
JACKSONVILLE BEACH FL 32202			225 WATER ST. STE, 900			DO NOT MIDITE IN THIS SPACE			
		JACKSONVILLE FL 32202			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qua	amed		
Principal Pl	ace of Business	28. Mailing Address			······································	03/16/1993 4. FEI Number			1
_	ace of Business	├ - ¬					 	oplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u>59-3171216</u>			ot Applicable	
22		} 			Certificate of Status Desi	red 🔲		Additional equired	
City & State		City & State	City & State			- Floring Consults Since		 	
23		h—¬ '	28			 Election Campaign Finan Trust Fund Contribution 	cing		May Be to Fees
Zip	Country	7 _{ID}	Countr			8. This corporation owes or			
24	25	29	30	_ '		Personal Property Tax du	•] No
67	g. Name and Address of Curren		30	Τ		10. Name and Address of New Registered Agent			
CR	AWFORD, JOHN R	***		81	Name				
	WATER ST.								
	TE: 900		82 Street A			Iress (P.O. Box Number is Not Ad	ceptable)		
	CKSONVILLE FL 32202		83			·			
un.	MANAGED I E SEESE								
				84	City	•	FL	85 Zip	Code
44 Diversant t	o the provisions of Sections 607.050	2 and 607 1508 Florida Statu	tee the a	hove	-named cor	noration submits this statement f		of changing if	te registered
office or re	egistered agent, or both, in the State manifer with, and accept the obligations.	of Florida Such change was	authorize	d by	the corpora	ation's board of directors. I hereby	y accept the ap	pointment as	registered
agent. I ar	m tamiliar with, and accept the obliga	alions of, Section 607.0505, F	lorida Sta	tutes	i.				
SIGNATURE	Signature, typed or printed harrie of regista red tige	ne reed tilto di musili sibile (NO	11 : Bogistoro	d Ago	o' cianalum mau	ired when reinstating)	DATE		
12.	OFFICERS AN		13.	a Age	ii signa:ure requ	ADDITIONS/CHANGES TO		ID DIRECTOR	25 INI 22
TITLE	V	DELETE	1.1 11	TLE		ADDITION S/CHANGES TO	OTTIOENSAN	Change	Addition
NAME	WARREN, GRYMES M JR		1.2 N						
STREET ADDRESS	3216 HENDRICKS AVE.				ADDRESS				
CITY+ST-ZIP	JACKSONVILLE FL			ITY-\$1					
TITLE	P	DELETE 2.11			1-211			Change	Addition
NAME	AKRA, VINCENT D		2.2 N						
STREET ADDRESS	3216 HENDRICKS AVE.				ADDRESS				1
	JACKSONVILLE FL								1
CITY-ST-ZIP TITLE		DELETE	31 TI	JIY-S	1-20			Change	Addition
NAME				3 2 NAME					
STREET ADDRESS					ADDRESS				j
CITY-ST-ZIP TITLE		☐ DELETE	3.4. C	ITY-S	I-ZIP			Change	Addition
									L ROURIUM
NAME			4. 2 N						
STREET ADDRESS					AODRESS				İ
CITY-ST-ZIP		Druste		ITY-ST	- ZIP			Chance	Lidelile
TITLE		☐ DELETE	5.1 71					L Change	Addition
NAME			5.2 N/						
STREET ADDRESS			5.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST	1-2IP				
TITLE	DELETE 6.1		6.1 1	TLE				☐ Change	Addition
NAME			6.2 N/	AME					
STREET ADDRESS			6.3 ST	TREET /	ADDRESS				ļ
ACD / 67 TID									i i

14. Thereby 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 of 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 composition or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghangy for on an attachury I with an address.