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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000021393 (2)

MUNCHABLE LUNCHABLES, INC.

		_	
Principal	Place	of	Business

FILED Apr 29 1997 8:00am Secretary of State



Principal Place or Business Mailing Address												
3625 SE 2ND BOYNTON SEA		5	3625 SE 2ND STREET BOYNTON BEACH FL 33435-8615									
									3. Date Incorporated or Qualified 03/18/1993		e of Last	•
2. Principal Place of Business			28.	2a. Mailing Address					4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For
21 Suite Act # etc			26						65-0401809	1	Vot Applicable	
3016, ADI. 7, 610.			L.,	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional	
22			27						.		Fee f	Required
City & State	е		J3	City & \$1	late				6. Election Campaign Financing	ь		May Be
23			28	7	Country				Trust Fund Contribution	Added to Fees		
Zip 24		Country	<u> </u>	Z ip		_	untry		8. This corporation has liability for i	ntangible tax under s. 199.032, Yes \textstyle No		
24]	o Name	26 and Address of Curren	29 Registe	ered Ao	ent	30	1		Florida Statutes 10. Name and Address of New Reg			
IAH	LAGAN, D						81	Name	10. Hamb and Radioos of Not 110	giatorea A	gont	
	5 SE 2ND											
		ACH FL 33435					62	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
DUI	INTON DE/	TON FE 30430					83			· · · · · · · · · · · · · · · · · · ·		
							84	City			85 Zip	Code
44 Pursuant	to the provis	ions of Sections 607 0502	2 and 60	7 1508 F	Florida Stat	tutes the a	L	a-named cor	moration submits this statement for the n	urpose of	changing	ils registered
office or r	egistered ac	ent, or both, in the State th, and accept the obliga	of Horida	a. Such o	change wa	s authorize	od by	the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	t the appo	intment a	s registered
_	m ramiliar w	in, and accept the obliga	itions of,	Section	, כטכט. זעס	Florida Sta	nutes	i.				
SIGNATURE	Signature, typed	or printed name of registered age	nt and little if	applicable		IOTE Register	ed Ago	rl sonalure reo	uired when reinstating)	DATE		
12.		OFFICERS AND		_:		13.		<u>`</u>	ADDITIONS/CHANGES TO OFFIC		DIRECTO	PRS IN 12
TITLE	PD				DELETE	1.1 1	FITLE				Change	
NAME	HALLAG	an, donald j				1.2 1	NAME					
STREET ADDRESS	3625 SE	2ND STREET				1.3 \$	STREET	ADDRESS	V			
CITY-ST-ZIP	BOYNTO	N BEACH FL 33435				1.4 (CHTY-S	T - ZIP				
TITLE	STD			Ţ.	DELETE	2.1 1	HTLE				Change	Addition
NAME		an, Rosemarie J				2.21	JAME					
STREET ADDRESS		2ND STREET				2.3 5	STREET	ADDRESS				
CITY-ST-ZIP	BOYNTO	N BEACH FL 33435				2.4	CITY - S	ST - 71P				
TITLE					DELLTE	3.1 1	ITLE				Change	Addition
NAME						3.2 1	MAME					
STREET ADDRESS						3.3 9	STREET	ADDRESS				
CITY-ST-ZIP						3.4.	CITY - S	31 - ZIP				_
TITLE				Ţ	DELETE	4.1 3	HILE				Change	Addition
NAME						4.2	NAME					
STREET ADDRESS						4.3 \$	STREET	ADDRESS				
CITY-ST-ZIP							HTY-S	T - ZIP				
TITLE				I	DELETE	5.1 1	TITLE				Change	Addition
NAME						5.2	NAME					
STREET ADDRESS						5.3 9	STREET	ADDRESS				
CITY-ST-ZIP						54(CITY - S	T- Z(P				
TITLE					DELETE	6.1 1	IILE				Change	Addition
NAME						6.2	NAME			:		
STREET ADDRESS						6.3 9	STREET	ADDRESS				
CITY-ST-ZIP						6.4 (CHY-S	1- ZIP				

14. I do 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 Blog 13 if changed, or on an attachment with an address.