FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:47

DOCUMENT # **P93000029574 (9)**

1. Corporation Name
ABC KOSHER FOODS, INC.

Principal Place of Business
4869 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417

Mailing Address
4869 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1993
3a. Date of Last Report: 07/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0412833 — 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 $ 100,000, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FEDER, IRA
4869 OKEECHOBEE BOULEVARD
WEST PALM BEACH FL 33417

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 the date
NOTE: The Registered Agent must sign a separate statement for each name.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	P	1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	FEDER, HARRY	2 NAME	IRA FEDER
STREET ADDRESS	4869 OKEECHOBEE BOULEVARD	3 STREET ADDRESS	4869 OKEECHOBEE BLVD
CITY ST ZIP	WEST PALM BEACH FL	4 CITY ST ZIP	W.P. BEACH, FLA
TITLE	ST	1 TITLE	S/T ☒ Change ☐ Addition
NAME	FEDER, IRA	2 NAME	HARRY FEDER
STREET ADDRESS	4869 OKEECHOBEE BOULEVARD	3 STREET ADDRESS	4869 OKEECHOBEE BLVD
CITY ST ZIP	WEST PALM BEACH FL	4 CITY ST ZIP	WEST PALM BEACH, FLA 33417
TITLE		1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY ST ZIP		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 Sec. 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 or is typed or attached with an address.

SIGNATURE: Ira Feder. IRA FEDER 1/10/95 407 686 2066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0283601 CP