

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995
 AMOUNT DUE ON OR BEFORE 1/1/95: \$225 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO REINSTATE: \$175)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000034695 (5)

1. Corporation Name
 PARK AVENUE DELI, INC.

Principal Place of Business Mailing Address
 TREASURE COAST SQUARE 3298 NW FEDERAL HWY
 3298 NW FEDERAL HWY JENSEN BEACH FL 34951
 JENSEN BEACH FL 34951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/10/1993
 3a. Date of Last Report 04/22/1994

2. Principal Place of Business 2a. Mailing Address
 21 26 11501 Fox Brown Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State 28 Indiantown FL
 Zip Country 29 34956 30 MARTIN

4. FEI Number 65-0410070 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
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

WILLET, PHILIP
 810 SW SALERNO RD
 STUART FL 34997

10. Name and Address of New Registered Agent

B1 Name Willet, Philip
 B2 Street Address (P.O. Box Number is Not Acceptable) 11501 FOX BROWN RD
 B3
 B4 City Indiantown FL B5 Zip Code 34956

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 Philip Willet President 7-1-95
 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	P
NAME	WILLET, PHILIP
STREET ADDRESS	810 SW SALERNO RD
CITY - ST - ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in 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: *Philip Willet* President 7-1-95 407-597-3072
 Signature, typed or printed name of signing officer or director Date Telephone

CR2E034 (3/95)