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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	JMENT # P9300 FOOD CORP.	0039150 (6)				 	56/61 (MI) 5	1818 (1888) 3 14) [[] [] []	
Principal Place of Business Mailing Address										
	VI TRAIL NORTH	11224 TAMIAMI TRAIL N NAPLES FL 34110-1640	11224 TAMIAMI TRAIL NORTH NAPLES FL 34110-1640							
						3. Date incorporated or Qualified 05/27/1993		ate of Last I 17/1996	Report	
	Place of Business	2a. Mailing Address				4. FEI Number		h	pplied For	
21		Suite, Apt, #, etc.			· · · · · · · · · · · · · · · · · · ·	65-0420617			lot Applicable	
Suite, Ap	i. #, etc.	27 Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired	
City & Si:	ate	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
24 3411	Country	Zip 29	30	untry	7	8. This corporation has liability for Florida Statutes	intangible Yes [s. 199.032,	
<u> </u>	9. Name and Address of Cui		190	7		10. Name and Address of New Re				
157	Guerra, Karen 1573 Outrigger Lane Naples FL 33942					dress (P.O. Box Number is Not Acceptat	ole)			
				83	<u> </u>		gen h	85 Z ip	Code	
11. Pursuar olfice or agent 1 SIGNATURE						rporation submits this statement for the pation's board of directors. I hereby acception with the properties of the patients o	ourpose on the app	changing pointment a	its registered s registered	
12.	and the same of th	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
Title	PT	DELETE	1.1	TITLE	1			Change	Addition	
NAME STREET ADDRESS CITY - ST - ZIP	GUERRA, KAREN 1573 OUTRIGGER LANE NAPLES FL 33942		1.3		T ADDRESS ST-ZIP					
Title	VPS	DELETE		TITLE	-			Change	☐ Addition	
NAME STREET ADDRESS		RCLE	1	name Stree	T ADDRESS		.			
CHY-ST ZIP TITLE	NAPLES FL 33999	☐ DELETE		CITY -	ST-ZIP			Change	Addition	
NAME		_ precit		NAME				Prof. D.W.NO.	1,05((0))	
STREET ADDRESS	s		3,3	STREE	T ADDRESS					
City 51-7iP		T Ditere			ST-ZIP			Change	A Date:	
TITLE		☐ DELETE	1	TITLE NAME				Change	Addition	
NAME STREET ADDRESS	s		4.33	STREE	T ADDRESS					
CHY-ST 7IP TITLE	- 1. P. C.	DELETE		CITY-!	ST-ZIP			Change	Addition	

6.4.0(IY-S1-7)/

14. I do hereby certify that the oformation 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 in this innual 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 a Block 13 if changed, or or fin attachment with an address.

52 NAME

6 1 TITLE

E.2 NAME

DELETE

5.3 STREET ADDRESS

4.3 STREET ADDRESS

5 4 CITY-ST-ZIP

SIGNATURE:

NAME

THEE

NAME STREET FABORESS

STREET ADDRESS CITY - ST - 70°

QUELLO DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayling Pix