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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

CIGNATURE.

P93000043595 (6)

VINNY FOOD, INC.

Principal Place of Business		Mailing Address			
1537 SHADY OAK DRIVE KISSIMMEE FL 34744		1537 SHADY OAK DRIVE KISSIMMEE FL 34744			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				06/21/1993	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3190095	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		& Florion Compaign Financian	
 		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	⊢ ¬	30	Personal Property Tax due June 3	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	stered Agent
KA	APADIA, ANIL		B1 Name		
1537 SHADY OAK DR.			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
KISSIMMEE FL 34744					
			83		
			84 City		85 Zip Code
					FL
office or	registered agent, or both, in the State	e of Florida. Such chan ce wa s au	athorized by the corpora	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. La	am familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of regulared ag	west and bile it applicable (NOTE:	Registered Agent signature requi	ired when reinclating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELETE	1.1 TOLE		Change Addition
NAME	KAPADIA, ANIL S		1 2 NAME		
STREET ADDRESS	1537 SHADY OAK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KAPADIA, INDU S		2.2 NAME		-
STREET ADDRESS	1537 SHADY OAK DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		2. 4 CITY - ST - ZIP		
TITLE	ST WARADIA NIN WANTEL	DELETE	3.1 TITLE		Change Addition
NAME	KAPADIA, NILKANTH		3.2 NAME		•
STREET ADDRESS	1537 SHADY OAK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	KISSIMMEE FL 34744	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	1	C) prefit	4.1 TILE 4. 2 NAME		CT Anguille CT Virgilian
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.3 STREET AUDRESS		
TITLE		DELETE	5.1 TiTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP	1		5.4 CITY-ST-ZIP		

DELETE

6.1 TITLE

6.2 NAME

14. I 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 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.