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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90083 031 \*\*\*150.00

DOCU	MENT # P93000	0045471		`			
GOURMET FOODS, INC.							
							(
Principal Place of Business Mailing Address						<b>           </b>	10001 (101, 160)
6140-1 EDGEWATER ORIVE 2910 E HARCOURT STR							
ORLANOD FL 32810-4860 RANCHO DOMINGUEZ CA 90			221		DO NOT WRITE IN THIS SPACE		
		U\$			3. Date Incorporated or Qualifed		
					06/21/1993		
2. Principal Pl	lace of Business	2a. Mailing Address		,	4. FEI Number	A	pplied For
21 26					93-1133589		ot Applicable
		Suite, Apt. #, etc.	Apt. #, etc.		5. Certifcate of Status Desired	*	Additional equired
22 27 City & State City & S		City & State	State		6. Election Campaign Financing	<del></del>	May Be
		28	Ciaic		Trust Fund Contribution	•	to Fees
Zip	Country Zip		Country		8. This corporation owes the current year	Intangible	
24	25 29 30		)		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
NACI	E LICINI7		81	Name			)
NAEF, HEINZ 6140-1 EDGEWATER DRIVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32810-4860			83				
01,12			03				
			84	City	F	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statutes.	the above	l e-named com	poration submits this statement for the numose	of changing its	s registered
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was auth	orized by	the corporation	on's board of directors. I hereby accept the app	ointment as re	egistered
9	III laminai witii, and accept the obit	gations or, opolion dor soudo, i lono	a ciaiaio	•			ļ
	Signature, typed or printed name of registered a	<u> </u>		nt signature require	d when reinstating) DATE		
12.		OFFICERS AND DIRECTORS 13			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P NEWS MACE	DELETE	1.1 TITLE 12 NAME	- 1		☐ cuange	
NAME	HEINZ, NAEF 6140-1 EDGEWATER DR			r ADDRESS			
STREET ADDRESS	ORLANDO FL		1.4 CITY-S				
CITY-ST-ZIP TITLE	S	☐ DELETE	2.1 TITLE	1-217		Change	☐ Addition
NAME	HEINZ, NAEF		2.2 NAME	İ			
STREET ADDRESS			2.3 STREET	ADDRESS			ł
CITY-ST-ZIP			2. 4 CITY- S	ST-ZIP	<u> </u>		
TITLE	T	☐ DELETE	3.1 TITLE	i		☐ Change	☐ Addition \
NAME	ursina, naef		3.2 NAME	- [			ļ
STREET ADDRESS	1020 17 11 07			TADDRESS			
CITY-ST-ZIP	LONG BCH CA	DELETE	3.4. CITY-S 4.1 TITLE	ST-ZIP		Change	∫ Addition
TITLE NAME		4.2N		-			-
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			44 CITY-S	1			]
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME	521		5.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			C7 A 4 3 2 2
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	T ADDRECC			Į
OTICE) ADDITION			ı	TADDRESS )			
CITY-ST-ZIP			6.4 CITY-S	1-417			

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 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, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V3-//-99 Date

Daytime Phone #

725034 (1738