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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 15 1998 8:00am

l	JAL REPORT 1998		Secretary of State ENVISION OF CORPORATIONS				,	Secre	ary	of S	State
	MENT # P930(AY DELI, INC.	00052	215 (9)								
Principal Place	e of Business	Mailin	Mailing Address						il odiji odija odili		
7809 W. COMMERCIAL BLVD. TAMARAC FL 33351			C/O GEORGE L GOBER & CO 7809 W COMMERCIAL BLVD TAMARAC FL 33351 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
2, Principal Place of Business			2a. Mailing Address					07/20/1993 4, FEI Number		— Ar	oplied For
			26]					65- <u>04</u> 38915		 	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired
City & State	0		City & State					6. Election Cempaign Financin	9	\$5.00	· ······
Zip	Country	[28] Zip		Col	Jnlry		-	Trust Fund Contribution			to Fees
24	25	29]	•	30	эт н у			 This corporation owes or has Personal Property Tax due J 	ane 30.		langible] No
	g. Name and Address of Curr	ent Registere	d Agent					10. Name and Address of New	Registered /	Agent	
DOGAGIS, PADELIS						INA	KARANTSAL	.15			
7809 W COMMERCIAL BLVD. TAMARAC FL 33351					82	Street	Addres	ss (P.O. Box Number is Not Accep	otable)		
ļ ' ' "					83				· · · · · · · · · · · · · · · · · · ·		
					84	City				85 Zip (Code
46. Duranant to the evaluations of Papelina COZ 01 00 - 1 007 1100 Fig. 11						•			<u>FL</u>	, `	
office or re	to the provisions of Sections 607.0 ogistered agent, or both, in the Sta in familiar with, and accept the ob-	ouz and ouz. i ite of Florida. § kastione of Sa	soe, mon da statul Such change was a stign 607 5 506 Ele	es, the a authorizo	pove d by	e-nameo / the corp	orpoi poratio	ration submits this statement for the n's board of directors. I hereby ac	ne purpose of scept the app	changing it ointment as	ts régistered registered
SIGNATURE	or through the the through the cir	agrancina (zi, cic	CHOT COLLECTION	niua cita	((((()))	o.					
	Signature, typed or printed name of registerial	agent and title if app AND DIRECTOR	-		d Age	nt signature	e required	when reinstating)	DATE		
12.	DP OF ICERS /	and tartification	DX DELETE	13.	IILE		DP	ADDITIONS/CHANGES TO O		☐ Change	Addition
NAME	DOGAGIS, PADELIS		7	1.2 N							
STREET ADDRESS	61 S.W. 91ST AVE., APT. 1	01		1.3 \$	TREET	ADDRESS	74	ARANTSALIS, CON CIRC	LE Al	746	
CITY-ST-ZIP	PLANTATION FL 33324					1 - ZiP	Pl	ANTATION, FL.	33324		
TITLE			☐ DELETE	211						Change	Addition
NAME CTOSET ADDRESS				22 N		LDDDCCC					
STREET ADDRESS Dify-St-Zip						ADDRESS ST-ZIP					
TITLE			DELETE	3.1 10		31-211				Change	Addition
NAME				3.2 N	AME						
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CITY-ST-ZIP			DELETE			ST- 71P		* · , · · · · · · · · · · · · · · · · ·			
TITLE			☐ DELETE	4.1 11						Change	L Addition
NAME STREET ADDRESS				4.2 N		ADDRESS					
CITY #GT-ZIP					ITY-S						
TITLE			DELETE	5.1 TI		<u> </u>				Change	Addition
NAME				5.2 N	AME						
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CITY-ST-ZIP			DELETE.		ITY-S	1 - ZIP	ļ				
TITLE			DELETE	6.1 TI						☐ Change	Addition
NAME CTREET ANNABECC				6.2 N		*DODE CO					
STREET ADDRESS				6.3 \$	intt I	ADDRESS					ļ

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 suppliemental 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.