FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State

| | JAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS | | | | | | | |
|---|--|---------------------------------------|---------------------------------|--|---|---|-------------------------------|--|
| DOCUM | MENT # P9300 | 00060517 (| 8) | | | | | |
| 1. Corporation N | Name HEIDELBERG DELI, INC. | • | • | | | | | |
| OLU II | icideldeng deli, inc. | | | | 1 100 1100 1 110 1000 10114 00 111 0 | 1841 68 14 88 41 8 41 8 44 8 44 1 | 10101 01101 11014 1001 1001 | |
| | | | | | | | | |
| Principal Place o | of Business | Mailing Address | | | T ENSTINUE OUR PRIME OFFICE ARTISTS | ABOUT ABOUT BATTE ANTOL A | TOTOL BUIDE FUELS FEEL SALES | |
| 914-20 STATE ROAD 84 914-20 STATE ROAD 84 | | | | | | | | |
| FT LAUDERL | DALE FL 33315 | FT LAUDERDALE FL | . 33315 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 08/30/1993 | 3a. Date of La 01/2 | ast Report 20/1995 | |
| 2. Principal Place of Business 2a. Mailing Address 21 | | | | | 4. FEI Number 65-0438192 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | 1 1 | 8.75 Additional | |
| 22 | | | | | 6. Election Campaign Financing | | Fee Required 5.00 May Be | |
| 23 | | 28 | 7 | | Trust Fund Contribution | | Added to Fees | |
| Zip | Country Zip | | Country | , | | | der s. 199.032, | |
| 24 | 25 9. Name and Address of Curren | 29 | 30 | | Florida Statutes Yes 10. Name and Address of New I | S No | | |
| | 9. Name and Address of Curren | it uedistered whelit | 81] | Name | 10. Name and Address of New I | registered Agen | 18 | |
| | enberg, dieter | | 82 | Ctroot Ac | dress (P.O. Box Number is Not Accepta | blo) | | |
| 914-20 | | 82 Street Add | | IGRESS II . O. DOX NUMBER IS THE MECEPIA | ле, | | | |
| FT LAU | DERDALE FL 33315 | | 83 | | | | | |
| | | , | 84 | City | | 85 | i Ziρ Code | |
| 11. Pursuant to | the provisions of Sections 607 0502 | and 607 1508. Florida Statut | es the above r | anied com | poration submits the statement for the pu | FL roose of changing | n its registered office | |
| or registered | d agent, or both, in the State of Florid, and accept the obligations of, Secti | da. Such change was authoriz | ed by the corp | oration's bo | pard of directors. I hereby accept the app | ointment as regis | tered agent. I am | |
| SIGNATURE | , and accept the conganions of occur | on our sooo, morad buttanee | ,, | | | | | |
| Sty | gnature, typed or printed name of registered agent | | | i signature req | iked wise renstating: | DAH | | |
| TITLE | OFFICERS AND | DIRECTORS | 13. 1. 1 TIFLE | | ADDITIONS/CHANGES TO OF | FIGERS AND DIFFE | · | |
| NAME | KRAEUCHI, KURT | 240222 | 1.2 NAME | | | | , masket | |
| STREET ADDRESS | 914-20 STATE ROAD 84 | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33315 | | 1.4 C/1Y - S | 1 - ZIP | | | | |
| TITLE | KRAEUCHI, KARIN | DELETE | 2 1 TITLE | | | ☐ Cha | ange [] Addition [| |
| NAME STREET ADDRESS | 914-20 STATE ROAD 84 | | 2 2 NAME 2 3 STREET | 2239004 | | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33315 | | 24 City S | | | | | |
| TITLE | D DOEDOS NOSTED | ☐ DELETE | 3 1 TITLE | | Pres | [₽ Cha | ange 🔲 Addition | |
| NAME | DOERRENBERG, DRETER 914-920 STATE ROAD 84 | | 3.2 NAME | | • | | | |
| STREET ADDRESS | FT. LAUDEDALE FL | | 3 3 STREET | | | | | |
| CITY-ST-7IP TITLE | D | ☐ DELETE | 3.4 CHY S 4. 1 TITLE | 1 - ZIF | VICE PRES | าง | ange | |
| NAME | BRUEGGEMAN, HEIDI | | 4.2 NAME | ' | 7 | C.D. | | |
| STREET ADDRESS | 914-920 STATE ROAD 84 | | 4.3 STREET | ADORESS | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | The property | 4.4 CITY - S | 1-ZIP | | | | |
| TITLE | | ☐ DELETE | 5 1 TIPLE | | | ☐ Cha | ange | |
| NAME STREET ADDRESS | | | 5.2 NAME 5.3 STREET | 22380014 | | | | |
| CITY-ST-ZIP | | | 54 CHY-S | | | | | |
| TITLE | | DELETE | 6 1 TITLE | | | ☐ Cha | ange 🔲 Addition | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 63 STREET | | | | | |
| 14. I do hereby of | certify that the information supplied v | vith this filing is voluntarily furn | 64 City - St eished and does | not qualify | / for the exemption stated in Section 119 | J.07(3)(k), Florida S | Statutes. I further | |
| certify that the | he information Indicated on this annu | al report or supplemental ann | ua! report is tru | e and accu o execute t | irate and that my signature shall have the this report as required by Chapter 607. F | e same lega' effect lorida Statutes: an | Las if made under | |
| appears in B | Block 12 or Block 13 if changed, or c | on an attachment with an addr | ess. | $\overline{}$ | . A series of a subsequence of the | 305 | , , | |
| SIGNATU | JRE: Sinli | HINAM PRINTED NAME OF SIGNING OFFICE | · | BVC | reggenann | 46336 | 380 | |
| | SIGNATURE AND TYPED OR | PRINTED NAME OF SIGNING OFFICE | R OR DIRECTOR | <u></u> | 111 119 0 | مر المراق مير | Priorie My | |