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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # Pagnonnensiz (8)

1. Corporati		RG DELI, INC.		(0)					
Principal Place of Business Mailing Address							a saktions tile (drap stritt matte date) ablit ablit	IIIAI <b>din</b> inga maran 141	ETC (MB) (MB)
914-20 STATE ROAD 84 914-20 STATE ROAD 84									
FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							08/30/1993		
2. Principal	2. Principal Place of Business 2e. Mailing Address						4. FEI Number	A	oplied For
21			26				65-0438192	Not Applicable	
Suite, Apt. #, etc.							5. Certificate of Status Desired		Additional equired
City & Sta	10		City & State	<del></del>			10.5		·
23	110		28	<b>├</b> ── '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip		Country	Zip		Country		8. This corporation owes or has paid the o		
24		25	29		30		Personal Property Tax due June 30.		No
	9. Name	and Address of Curre	ent Registered Agent				10. Name and Address of New Registers	d Agent	
		rg, dieter			81	Name			
914-20 STATE ROAD 84					82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33315									
					83				
					84	City	F	<b>85</b> Zip	Code
44 0	t do dhe man de		'00 4 007 4000 Floris	to Ctatutan	45.000		poration submits this statement for the purpose ion's board of directors. I hereby accept the a		
SIGNATURE		or printed name of registered a	gent and title if applicable. ND DIRECTORS	(NOTE: R	egistered Age	int signature requir	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	VP	***		☐ DELET <b>E</b>				Change	Addition
NAME	DOERRENBERG, DIETER				1.2 NAME				
STREET ADDRESS					1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDEDALE FL		T periode		1.4 CITY-ST-ZIP				1 1 1 1 1 1 1 1
TITLE	P P P P P P P P P P P P P P P P P P P		☐ DELE <b>TE</b>		2.1 TITLE			☐ Change	Addition
NAME		GEMAN, HEIDI		İ	2.2 NAME	1000500			
STREET ADDRESS CITY-ST-ZIP					2.3 STREET ADDRESS 2.4 City-St-Zip				
TITLE	11.000			LÉTÉ	3.1 TITLE			Change	Addition
NAME	}		<u> </u>		3,2 NAME				
STREET ADDRESS					3.3 STREET	ADDRESS			
CITY-ST-ZIP	1				3.4. CITY- S	T-ZIP			
TITLE			☐ DE	LETE	4.1 TITLE			Change	Addition
NAME					4, 2 NAME				
STREET ADDRESS					4.3 STREET	ADDRESS			
CITY-ST-ZIP	<b> </b> -	<del></del>	——————————————————————————————————————		4.4 CITY-S	T-ZIP		C	4.339.
TITLE			☐ DE	LEIE	5.1 TITLE			Change	☐ Addition
NAME					5.2 NAME	IDENTICE			
STREET ADDRESS					5.3 STREET				
CITY-ST-ZIP TITLE	<del> </del>		DEI	FTF	5.4 CITY-S 6.1 TITLE	1-211		Change	Addition
NAME	1		0ci		6.2 NAME				
STREET ADDRESS					6.3 STREET	ADDRESS			
ATTICL ADDRESS	1				U.U UITILE)	, Done of			

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 receivor 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.

**FILED** 

Mar 09 1998 8:00am

Secretary of State