

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000074385 (4)

1. Corporation Name

BIG CITY HOT DOGS & DELI, INC.



Principal Place of Business

5848 BEE RIDGE RD.  
#22 CENTERGATE PLAZA  
SARASOTA FL 34233  
US

Mailing Address

5848 BEE RIDGE RD.  
#22 CENTERGATE PLAZA  
SARASOTA FL 34233  
US

3. Date Incorporated or Qualified  
10/19/1993

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
65-0447558

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

23 Zip Country

28 Zip Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVITT, SANDY  
2201 RINGLING BLVD.  
SUITE 203  
SARASOTA FL 34237

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP  
D SCHALLER, JOHN E  
5040 SANDY SHORE AVE.  
SARASOTA FL 34242 ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP  
D SCHALLER, MICHELE  
5040 SANDY SHORE AVE.  
SARASOTA FL 34242 ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D SCHALLER, JOHN E. ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 5848 BEE RIDGE RD. #22 CENTERGATE PLAZA  
1.4 CITY-STATE-ZIP SARASOTA, FL 34233

2.1 TITLE D SCHALLER, MICHELE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 5848 BEE RIDGE RD. #22 CENTERGATE PLAZA  
2.4 CITY-STATE-ZIP SARASOTA, FL 34233

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

John Schaller - President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-96

941-378-0595

Date

Daytime Phone #

CR2E034 (12/95)