SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/0/95: $139 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:20

DOCUMENT # **P93000079522 (7)**

1. Corporation Name

PROPHETZ FOOD, INC.

Principal Place of Business	Mailing Address
3950 NORTH 28TH TERRACE **HOLLYWOOD FL 33020**	**3950 NORTH 28TH TERRACE** **HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/17/1993	**04/19/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **65-0481064**	Applied For Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax (under s. 199.032 Florida Statutes) ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SALSBURG, WILLIAM **3950 N 28 TERR** **HOLLYWOOD FL 33020**	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 _____ DATE
Signature, name or printed name of registered agent and the date of acceptance — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (Y/N)	
TITLE	**DP**	11 TITLE	☐ Change ☐ Addition
NAME	**SALSBURG, WILLIAMS**	12 NAME	
STREET ADDRESS	**3950 NORTH 28 TERRACE**	13 STREET ADDRESS	
CITY ST ZIP	**HOLLYWOOD FL**	14 CITY ST ZIP	
TITLE	**DV**	21 TITLE	☐ Change ☐ Addition
NAME	**SALSBURG, RICKI**	22 NAME	
STREET ADDRESS	**3950 NORTH 28 TERRACE**	23 STREET ADDRESS	
CITY ST ZIP	**HOLLYWOOD FL**	24 CITY ST ZIP	
TITLE	**DST**	31 TITLE	☐ Change ☐ Addition
NAME	**SALSBURG, PAUL**	32 NAME	
STREET ADDRESS	**3950 NORTH 28 TERRACE**	33 STREET ADDRESS	
CITY ST ZIP	**HOLLYWOOD FL**	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: William Salsburg 6-8-95 (305) 921-7144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number

000079 CP