## 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 #

P93000083082 (6)

FOOD 4 LIVING, INC.

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					ibi (biba jidi dala) jinib ilah ladi
Principal Plac	ce of Business	Mailing Address	·	-  10011001     1001100     1001100   100110   10	<u>an 1919 b (u) (u 564) di (baha undu 1891</u>
	SAMPLE RD #100	•	*100		
	RINGS FL 33065	10211 W. SAMPLE RD & CORAL SPRINGS FL 330			
US		US		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
9 Principal P	Place of Business	2a. Mailing Address		11/29/1993 4. FEI Number	Applied For
21	idea of Educations	26		65-0464182	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	a. This corporation owes or has paid the	
24	9. Name and Address of Curre		30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
DEMANS, MANUARET			\- <del></del>		·
7501 NW 64 51 TAMARAC FL 33321			82 Street Address (P.O. Box Number is Not Acceptable)		
•	AMARAO FE 33321		83		
			04 05		Total 7: Onda
			84 City	F	
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.					
agent. I a	registered agent, or boin, in the state am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statutes.	on's board or directors, I hereby accept the a	appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ag	rent and little of applicable (NOTE:  ND DIRECTORS	Registered Agent signature require		
12.	OFFICERS AN	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	DEMARS, MARGARET		1.2 NAME		
STREET ADDRESS	7501 NW 84ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY - ST-ZIP		
TITLE	P	DELETE	2.1 TITLE		Change Addition
NAME	DEMARS, RONALD		2.2 NAME		
STREET ADDRESS	7501 NW 84ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	į		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		<b>□</b> DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T Driess	4.4 CITY-ST-ZIP	·	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<b></b>	DELETE	5.4 CITY+ST-ZIP 6.1 TITLE		Change Addition
TITLE					CT Origings CT Modificit
NAME CONCET ANNOUSES			6.2 NAME		

14. Thereby 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 trusted 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: Margout De Mars

CITY-ST-ZIP

4/2/98 (954) 755-6326

**FILED** 

Apr 08 1998 8:00am

Secretary of State