FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000014694 (1)**

1. Corporation Name
DELI WAREHOUSE, INC.

Principal Place of Business	Mailing Address
8651 W. MCNAB RD. TAMARAC FL 33321	8651 W. MCNAB RD. TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation / Qualification: 02/28/1994 — 3a. Date of last Report: **REPORT TO BE FILED BY MAY 1**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	65-0475092	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 24 / Country 25	Zip 29 / Country 30	8. Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~FILINGS INC.~~ ~~3732 N.W. 16TH STREET~~ ~~FT. LAUDERDALE FL 33311~~	81 Name: PETER B. WEINTRAUB, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable): 1701 W. Hillsboro Blvd., Ste. 301 83 84 City: Deerfield Beach, FL 85 Zip Code: 33442

11. Pursuant to the provisions of Section(s) 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: Peter B Weintraub — Peter B Weintraub — 5/9/95
(Typed or printed name of registered agent and title if agent is a corporation) (Registered Agent's signature required where applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	President/Director ☐ Change ☐ Addition
12 NAME	~~EDEN, BARRY~~	12 NAME	Leonard Cohen
13 STREET ADDRESS	~~8651 W. MCNAB ROAD~~	13 STREET ADDRESS	5471 NW 40th Terrace
14 CITY ST ZIP	~~TAMARAC FL 33321~~	14 CITY ST ZIP	Coconut Creek, Fl 33073
21 TITLE	D	21 TITLE	Secretary/Treas./Director ☐ Change ☐ Addition
22 NAME	~~STERN, BARRY~~	22 NAME	Loretta Cohen
23 STREET ADDRESS	~~8651 W. MCNAB ROAD~~	23 STREET ADDRESS	5471 NW 40TH Terrace
24 CITY ST ZIP	~~TAMARAC FL 33321~~	24 CITY ST ZIP	~~Coconut Creek, FL 33073~~
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	~~FRIEDMAN, EDWARD~~	32 NAME	
33 STREET ADDRESS	~~8651 W. MCNAB ROAD~~	33 STREET ADDRESS	
34 CITY ST ZIP	~~TAMARAC FL 33321~~	34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I further certify that the information required 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 added to the report or on an attachment with an (*) asterisk.

SIGNATURE: — 4/24/95 — 720-7285
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number
LEONARD COHEN, PRESIDENT

0928439 CP