CORPORATION ANNUAL REPORT 1995

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015537 (1)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 12:05

1. Corporation Name
COUSINS DELI, INC.

Principal Place of Business	Mailing Address
3300 SOUTH HIAWASSEE STREET SUITE 103 ORLANDO FL 32835	3300 SOUTH HIAWASSEE STREET SUITE 103 ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1994
3a. Date of Last Report:

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30

4. FEI Number: 59-322 3910 ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent

TSIRAMBIDIS, PETER
3300 SOUTH HIAWASSEE STREET
SUITE 103
ORLANDO FL 32835

10. Name and Address of New Registered Agent

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] 3-14-95
Signature, typed or printed name of registered agent and the date. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	11 TITLE		☐ Change ☐ Addition
NAME	PETE TSIRAMBIDIS	12 NAME		
STREET ADDRESS	4230 PARKSIDE DR.	13 STREET ADDRESS	NO	
CITY-ST-ZIP	ORL FL 32812	14 CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	21 TITLE		☐ Change ☐ Addition
NAME	ALEX TSIRAMBIDIS	22 NAME		
STREET ADDRESS	8530 SNOWFIRE DR	23 STREET ADDRESS	NO	
CITY-ST-ZIP	ORL FL 32818	24 CITY-ST-ZIP		
TITLE	TREASURER	31 TITLE		☐ Change ☐ Addition
NAME	PETE TSIRAMBIDIS	32 NAME		
STREET ADDRESS	4230 PARKSIDE DR.	33 STREET ADDRESS	NO	
CITY-ST-ZIP	ORL FL 32812	34 CITY-ST-ZIP		
TITLE	SECRETARY	41 TITLE		☐ Change ☐ Addition
NAME	ALEX TSIRAMBIDIS	42 NAME		
STREET ADDRESS	8530 SNOWFIRE DR	43 STREET ADDRESS	NO	
CITY-ST-ZIP	ORL FL 32818	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS	—	53 STREET ADDRESS	NO	
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS	—	63 STREET ADDRESS	NO	
CITY-ST-ZIP		64 CITY-ST-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)(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, added or deleted.

SIGNATURE: [signature] 3-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #