

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P94000015537 (1)

1. Corporation Name
COUSINS DELI, INC.

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

Mailing Address
3300 SOUTH HIAWASSEE STREET
SUITE 103
ORLANDO FL 32835




DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	02/22/1994	59-3223910	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>	5.00 May Be Added to Fees	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	
23	28	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip	Country	24	25	29
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TSIRAMBIDIS, PETER 3300 SOUTH HIAWASSEE STREET SUITE 103 ORLANDO FL 32835	81 Name HARLAN WAYNE JORDAN 82 Street Address (P.O. Box Number is Not Acceptable) 7632 SAN REMO PLACE 83 84 City ORLANDO FL 85 Zip Code 32835

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  19 MARCH 1998
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	TSIRAMBIDIS, PETE	1.2 NAME	HARLAN WAYNE JORDAN
STREET ADDRESS	4230 PARKSIDE DR	1.3 STREET ADDRESS	7632 SAN REMO PLACE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	VP	2.1 TITLE	VP
NAME	TSIRAMBIDIS, ALEX	2.2 NAME	HARLAN WAYNE JORDAN
STREET ADDRESS	8530 SNOWFIRE DR	2.3 STREET ADDRESS	7632 SAN REMO PLACE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	T	3.1 TITLE	T
NAME	TSIRAMBIDIS, PETE	3.2 NAME	HARLAN WAYNE JORDAN
STREET ADDRESS	4230 PARKSIDE DR	3.3 STREET ADDRESS	7632 SAN REMO PLACE
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	S	4.1 TITLE	S
NAME	TSIRAMBIDIS, ALEX	4.2 NAME	HARLAN WAYNE JORDAN
STREET ADDRESS	8530 SNOWFAIRE DR	4.3 STREET ADDRESS	7632 SAN REMO PLACE
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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  19 MARCH 1998

CR2E034 (10/97)