PROFIT CORPORATION ANNUAL REPORT 1997		F	FLORIDA DEPARTMENT OF STATE Sandre B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 12 1997 8:00an Secretary of State					
orporation	MENT # P9400(FOODS, INC.	00229	02 (8)				n and the to deal	i nada zijin dek	10 (10) 100)	
ipal Place	e of Business	Mailing A	ddress							
N. WOOD ND FL 32	dland Blvd. 2720		WOODLAND BLV FL 32720-1628	D.						
						3. Date Incorporated or Qualifi 03/24/1994	l l	te of Last R 25/1996	leport	
incipal P	ace of Business	2a. Mailin 26	g Address			4. FEI Number	•	شيب ومحمول ا	oplied For ot Applicable	
ule, Apt	#, etc	Suite,	Apt. #, etc.		, ,**	59-3243347 5. Certificate of Status Desired		\$8.75	Additional	4
ity & State	0	27 City 8	State			6. Election Campaign Financin	·····	Fee Re \$5.00	beriupe	4
	•.	28				Trust Fund Contribution	<u> </u>		May Be to Fees	, .
þ	Country	Zıp 29		Countr 30	У	 This corporation has liability Florida Statutes 		tax under s	199.032	
•	25 9. Name and Address of Currer		Agent			10. Name and Address of New				
	CCAROSSA, ENZO			B	Name					
	4 N. WOODLAND BLVD. AND FL 32720			8	2 Street Add	Iress (P.O. Box Number is Not Acce	ptable)			
	JUND I'L GETEV			8						
				1	1					-
	to the provisions of Sections 607.050 egistered agent, or both, in the State	D2 and 607.150	8, Ftorida Statul ch change was	84	City	poration submits this statement for t tion's board of directors. I hereby a	FL he purpose of ccept the appo		Code ts registered registered	
Pursuant I office or n agent 1 a			able (NO1	84 tes, the abor authorized to orida Statute IE Registered A 13.	City ve-named coi by the corpora se.	poration submits this statement for t tion's board of directors. I hereby a ired when reinstating) ADDITIONS/CHANGES TO O	DATE	changing it ointment as	ts registered registered	
Pursuant 1 office or n agent 1 a IATURE	Signature, typed or printed name of neglected age OFFICERS AN D BOCCAROSSA, ENZO	ent and tile if applica	sble (ND1	8 les, the abor authorized t orida Statute IE Registered A 13. 1.1 TITLE 1.2 NAME	City re-named corpora ss.	Ired when reinstating)	DATE	changing it ointment as	ts registered registered	34 (9/96)
Pursuant I office or n agent 1 a	Signature, typed or printed name of negletered age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A)	ent and tile if applica	able (NO1	84 Les, the abor authorized b orida Statute IE Registered A 13. 1.1 TITLE 1.2 NAME	City re-named corpora s. pent signature req ET ADDRESS	Ired when reinstating)	DATE	changing it ointment as	ts registered registered	34 (9/96)
Pursuant I office or n agent 1 a IATURE I ADDRESS	Signature, type: I or perinted name of negistened age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D	ent and tile if applica	able (NO1	84 Les, the abor authorized L 18 13, 1,1 TITLE 1,2 NAME 1,3 STREE 1,4 CITY- 2,1 TITLE	Crity Ve-named coupy by the corporation pent signature req ET ADDRESS ST-ZIP	Ired when reinstating)	DATE	changing it ointment as	ts registered registered	R2E034 (9/96)
Pursuant office or r agent 1 a IATURE I ADDRESS SI ZIP	Stgradure, type:1 or pented name of registered age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK	ent and tile if applica	able (NOT	Be les, the abor authorized k rida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	Crity Are-named coupy by the corpora- ss. pent signature req ET ADDRESS ST-ZIP	Ired when reinstating)	DATE	changing it ointment as DIRECTOF	ts registered registered RS IN 12	R2E034 (9/96)
Pursuant I office or n agent 1 a IATURE I ADDRESS	Signature, type: I or perinted name of negistened age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D	ent and tile if applica	IDELETE	Be les, the abor authorized k rorida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	Crity Are-named coupy by the corpora- ss. Pent signature req ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	Ired when reinstating)	DATE FFICERS AND	Changing it ointment as	ts registered registered RS IN 12	CR2E034 (9/96)
Pursuant office or r agent 1 a IATURE I ADDRESS SI ZIP I ADDRESS	Structure, type-1 or printed name of togethered age OF FICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK P.O. BOX 526 (N/A) DELAND FL 32721 D	ent and tile if applica	able (NOT	Bauthorized E authorized E orida Statute 13, 1,1 TITLE 1,2 NAME 1,3 STRE 1,4 CITY 2,1 TITLE 2,2 NAME 2,3 STRE 2,4 CITY 3,1 TITLE	Crity ve-named coupy the corporation sent eignature req ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	Ired when reinstating)	DATE FFICERS AND	changing it ointment as DIRECTOF	ts registered registered RS IN 12	CR2E034 (9/96)
Pursuant office or r agent 1 a IATURE I ADDRESS 51 ZIP T ADDRISS 51 ZIP	Signature, type-1 or printed name of nogificated age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK P.O. BOX 526 (N/A) DELAND FL 32721	ent and tile if applica	IDELETE	Ees, the abor authorized t orida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME	Crity ve-named coupy the corporation sent eignature req ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	Ired when reinstating)	DATE FFICERS AND	Changing it ointment as	ts registered registered RS IN 12	CR2E034 (9/96)
Pursuant office or r agent 1 a IATURE I ADDRESS SI ZIP I ADDRESS	Signature, type-1 or printed name of registered age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK P.O. BOX 526 (N/A) DELAND FL 32721 D SINGLETARY, NICHOLA P	ent and tile if applica	IDELETE	Es, the abor authorized t orida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY	Crity ve-named coupy the corporation s. ent eignature req ent eignature eigna	Ired when reinstating)	DATE FFICERS AND	changing it changing it change Change Change Change	ts registered registered RS IN 12 Addition	CR2E034 (9/96)
Pursuant office or r agent 1 a IATURE I ADDRESS SI 20 I ADDRESS SI 20 I ADDRESS	Signature, type-1 or printed name of registered age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK P.O. BOX 526 (N/A) DELAND FL 32721 D SINGLETARY, NICHOLA P P.O. BOX 526 (N/A)	ent and tile if applica	IDELETE	Es, the abor authorized t orida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI	Crity ve-named coi y the corpora s. er address ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	Ired when reinstating)	DATE FFICERS AND	Changing it ointment as	ts registered registered RS IN 12	CR2E034 (9/96)
Pursuant office or n agent 1 a IATURE I ADDRESS 51 ZIP T ADDRESS 51 ZIP T ADDRESS 51 ZIP	Signature, type-1 or printed name of registered age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK P.O. BOX 526 (N/A) DELAND FL 32721 D SINGLETARY, NICHOLA P P.O. BOX 526 (N/A)	ent and tile if applica	IDELETE	Es, the abo authorized t orida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY. 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAME	Crity ve-named coi y the corpora s. er address ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	Ired when reinstating)	DATE FFICERS AND	changing it changing it change Change Change Change	ts registered registered RS IN 12 Addition	CR2E034 (9/96)
Pursuant office or r agent 1 a IATURE I ADDRESS SI 20 I ADDRESS SI 20 I ADDRESS	Signature, type-1 or printed name of registered age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK P.O. BOX 526 (N/A) DELAND FL 32721 D SINGLETARY, NICHOLA P P.O. BOX 526 (N/A)	ent and tile if applica	ADIE (NOT	Bauthorized L authorized L authorized L 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY	Crity Control Conversion Convers	Ired when reinstating)	DATE FFICERS AND	changing if changing if DIRECTOF Change Change Change Change	ts registered registered RS IN 12 Addition	CR2E034 (9/96)
Pursuant office or n agent T a IATURE I ADDRESS SL ZIP T ADDRESS SL ZIP T ADDRESS SL ZIP	Signature, type-1 or printed name of registered age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK P.O. BOX 526 (N/A) DELAND FL 32721 D SINGLETARY, NICHOLA P P.O. BOX 526 (N/A)	ent and tile if applica	IDELETE	Bauthorized L authorized L authorized L 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAM	Crity Cenamed Coo yo the corpora ss. ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -S	Ired when reinstating)	DATE FFICERS AND	changing it changing it change Change Change Change	ts registered registered RS IN 12 Addition	CR2E034 (9/96)
Pursuant office or n agent T a IATURE I ADDRESS SL ZIP T ADDRESS SL ZIP T ADDRESS SL ZIP	Signature, type-1 or printed name of registered age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK P.O. BOX 526 (N/A) DELAND FL 32721 D SINGLETARY, NICHOLA P P.O. BOX 526 (N/A)	ent and tile if applica	IDELETE	B4 Les, the abo orida Statuto TE Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	Crity Cenamed Coo yo the corpora ss. ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -S	Ired when reinstating)	DATE FFICERS AND	changing if changing if DIRECTOF Change Change Change Change	ts registered registered RS IN 12 Addition	CR2E034 (9/96)
Pursuant office or n agent 1 a IATURE I ADDRESS SI ZIP I ADDRESS SI ZIP I ADDRESS SI ZIP I ADDRESS SI ZIP	Signature, type-1 or printed name of registered age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK P.O. BOX 526 (N/A) DELAND FL 32721 D SINGLETARY, NICHOLA P P.O. BOX 526 (N/A)	ent and tile if applica	ADIE (NOT	B4 Les, the abo orida Statuto TE Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	Crity Cenamed Coo yo the corpora ss. ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -S	Ired when reinstating)	DATE FFICERS AND	changing if change DIRECTOF Change Change Change Change Change Change	ts registered registered RS IN 12 Addition	CR2E034 (9/96)
Pursuant office or n agent 1 a JATUHE LADDRESS SL 2/P LADDRESS SL 2/P LADDRESS SL 2/P LADDRESS SL 2/P	Signature, type-1 or printed name of registered age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK P.O. BOX 526 (N/A) DELAND FL 32721 D SINGLETARY, NICHOLA P P.O. BOX 526 (N/A)	ent and tile if applica	IDELETE	B4 Les, the abo orida Statuto TE Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	Crity Control Conversion Convers	Ired when reinstating)	DATE FFICERS AND	changing if changing if DIRECTOF Change Change Change Change	ts registered registered RS IN 12 Addition	CR2E034 (9/96)
Pursuant office or n agent 1 a JATUHE LADDRESS SL 2/P LADDRESS SL 2/P LADDRESS SL 2/P LADDRESS SL 2/P	Signature, type-1 or printed name of registered age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK P.O. BOX 526 (N/A) DELAND FL 32721 D SINGLETARY, NICHOLA P P.O. BOX 526 (N/A)	ent and tile if applica	ADIE (NOT	B4 Les, the abor orida Statuto TE Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 5.2 NAME	Crity Control Conversion Convers	Ired when reinstating)	DATE FFICERS AND	changing if change DIRECTOF Change Change Change Change Change Change	ts registered registered RS IN 12 Addition	CR2E034 (9/96)
Pursuant office or n agent 1 a IATURE I ADDRESS SI 2/P I ADDRESS SI 2/P I ADDRESS SI 2/P I ADDRESS SI 2/P I ADDRESS SI 2/P I ADDRESS SI 2/P	Signature, type-1 or printed name of registered age OFFICERS AN BOCCAROSSA, ENZO P.O. BOX 526 (N/A) DELAND FL 32721 D ACHTERBERG, JACK P.O. BOX 526 (N/A) DELAND FL 32721 D SINGLETARY, NICHOLA P P.O. BOX 526 (N/A)	ent and title if applica ID DIRECTORS	INDIE (NOT	B4 Ies, the abor authorized t orida Statute Iteration 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY 4.1 TITLE 2.2 NAME 3.3 STREE 3.4. CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY 6.1 STREE 6.2 NAME	Crity Constrained Coo you the corporation is. TADDRESS ST-ZIP CTADDRESS ST-ZIP ETADDRESS ETADDRESS ST-ZIP ETADDRESS ETADDRES	d in Section 119 07(3)(i) Elorida St	DATE FFICERS AND	changing it changing it DIRECTOF Change Change Change Change	ts registered registered RS IN 12 Addition Addition Addition	CP2E034 (9/96)