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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000031424

C & L F	OODS, INC							
Principal Plac	e of Business	Mailing Address				- E INDITION IN TOTAL COLORS BRICE BRIEF OF	311 <b>  33100</b>    1101  1101	810    011   010   00
TOWN CENTER MALL. STORE 518 6000 WEST GLADES RD. 6000 WEST GLADES RD. 6000 RATON FL 33431						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 04/25/1994		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	· [1	Applied For
21		26				65-0485020		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certifcate of Status Desired	7	Additional Reguired
City & Star	tem Charles GRAM Brack Strate	27   City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.0	0 May Be
Zip 24	Country 25	Zip	Cοι 30	untry		This corporation owes the current y     Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	1401	T		10. Name and Address of New Regis	stered Agent	
DI 0	一句,"是一个人的"种"的人类的			81	Name			
	IDIG, GREGORY J D'N: FEDËRAL HWY.			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	RT LAUDERDALE FL 33305			83				
						<u> </u>	different a fatigif f	p Code
				84	Citv	***	<b></b>	ր Եսևե
44 Dureupot	to the provisions of Sections 607 0502	and 607 1508. Florida 9	Statutes the a		City	ration submits this statement for the nurr	FL	` .]
office or i	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change vitions of, Section 607.0505	vas authorized 5, Florida Stat	bove d by tutes.	e-named corpor the corporation	ration submits this statement for the purp's board of directors. I hereby accept the	oose of changing appointment as	its registered
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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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90018 039 \*\*\*150.00