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 APR 20 PM 3:18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000053839 (4)

1. Corporation Name
THE WORKING GOURMET INC.

Principal Place of Business
200 NE 28TH ROAD
BOCA RATON FL 33431

Mailing Address
200 NE 28TH ROAD
BOCA RATON FL 33431

3. Date Incorporated or Qualified: 07/19/1994

3a. Date of Last Report:

4. FEI Number: 65-0539638 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

EAFFALDANO, BARBARA
200 NE 28TH ROAD
BOCA RATON FL 33431

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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	PRES.
NAME	STEVEN S. EAFFALDANO
STREET ADDRESS	200 N.E. 28th Rd.
CITY-ST-ZIP	BOCA RATON, FL. 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blocks, each: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: [signature] 4/24/95 407 395-6360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

STEVEN S. EAFFALDANO

0267907 CP

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

APPROVED AND FILED
95 ... PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054032 (5)

1. Corporation Name

99 CENTS PLUS, INC.

Principal Place of Business	Mailing Address
15048 NW 7 AVE MIAMI FL 33168	15048 NW 7 AVE MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report:

4. FEI Number: 65 0514740 ☐ 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

2. Principal Place of Business / 2a. Mailing Address — Suite, Apt. # etc. / City & State / Zip / Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHARANIA, MAHMOOD R 19710 NE 10 CT N MIAMI BEACH FL 33179	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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 ______ DATE ______

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CHAGANI, FIRDOUS
STREET ADDRESS	711 NW 35 AVE
CITY-ST-ZIP	MIAMI FL 33125
TITLE	D
NAME	CHARANIA, MAHMOOD R
STREET ADDRESS	19710 NE 10 CT
CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	D
NAME	VALIANI, RAFIK A
STREET ADDRESS	19710 NE 10 CT
CITY-ST-ZIP	N MIAMI BEACH FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (blank)

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, or on an attachment with an address.

SIGNATURE: MAHMOOD CHARANIA — 4 24 95 — 681 1945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0164162 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # P94000054268 (5)

1. WEST BOYNTON FARMS, INC.

9005 W BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33436

9005 W BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33436
P.O. Box 566
Delray Beach, FL 33447

3. 07/11/1994

4. 65-0513335

5. Certificate of Status (Enclosed)

$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

$5.00 May Be Added to Fees

8. Yes

21 22 23 24 25

26 P.O. Box 566

27

28 Delray Beach, Fl

29 33447 30 Palm Beach

9. Name and Address of Current Registered Agent

PERRY, MARK A
50 S.E. 4TH AVENUE
DELRAY BEACH FL 33483

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. John M. Alderman 02/15/95

12. PSTD
ALDERMAN, JAMES
9005 W BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33436

13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS

14.

SIGNATURE: John M. Alderman 02/15/95

SIGNATURE AND TYPED OR PRINTED NAME OF RICHARD OFFICER OR DIRECTOR

0264492 CP