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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P94000055894** (7)

AKEL'S DELICATESSEN & CATERERS, INC.

FILED Feb 20 1997 8:00am Secretary of State



Principal Place of Bosiness Mailing Address									
2301 INDEPEND	DENT SOUARE	2301 INDEPENDENT SOUARE							
JACKSONVILLE	FL 32202	JACKSONVILLE FL 32202	9008						
						<ol> <li>Date incorporated or Qualified 07/27/1994</li> </ol>		ate of Last F 17/1996	Report
2. Principal P 21	sace of Business	2a. Mailing Address 26				4, FEI Number <b>59-3274133</b>		<del></del>	oplied For ot Applicable
Suite, Apr 22	H. etc	Suite, Apf. #, etc.				5. Certificate of Status Desired			Additional equired
City & Shah <b>23</b>	D.	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Ziji	Country	Zip	Cou	ntry	-	8. This corporation has liability for in	ntangible Yes		s. 199.032,
24	25] 9. Name and Address of Current	29  Registered Agent	30			Florida Statutes  10. Name and Address of New Reg			
AKE	L, DANIEL D	X		81	Name				
	INDEPENDENT DRIVE #2301			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
JACI	KSONVILLE FL 32202					(1003 () ; G. Dox (101) Doy (101) Dox (101)			
				83					
				В4	City		FL	<b>85</b> Zip	Code
	to the reason one of Sections 607 0502	and 607 1508 Elevida Stati	utos the al		anamed core	poration submits this statement for the p		- Lobanoina i	te recustered
office or r	registered agent, or both, in the State o	of Florida. Such change was	authorize	d by	the corporat	tion's board of directors. I hereby accep	t the app	pointment as	registered
ĺ	am fair vian with land accept the obligat	ions di, Section 607.0505, r	norida Siai	utes	i.				
SIGNATURE	Segrence by compressed when of regereral agent	and for it applicable (NC	31E: Registere	d Age	nt signature requi	rad when reinstating)	DATE		<del></del>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
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NAMI	AKEL, ISHAK		1.2 N	1.2 NAME					
SIRELLY COLS	2301 INDEPENDENT SQUARE JACKSONVILLE FL			1 3 STREET ADDRESS					
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14 Ldo nere	by certdy that the information scop and	with this form does not one				d in Section 119 07(3)(i) Florida Statute	s I furthe	er certify that	t the

Lead making earny mature recomment study early was mistering doors my quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this amount 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 office or director of the copy aration or fur receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or hanged, or on an attachment with an address.

SIGNATURE:

NO TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/18/97/90/356-6311