


FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000055894 (7)			
1. Corporation Name AKEL'S DELICATESSEN & CATERERS, INC.			
Principal Place of Business 2301 INDEPENDENT SQUARE JACKSONVILLE FL 32202		Mailing Address 2301 INDEPENDENT SQUARE JACKSONVILLE FL 32202-5059	
2. Principal Place of Business:		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	25 Country	30 Country
9. Name and Address of Current Registered Agent			
AKEL, DANIEL D ONE INDEPENDENT DRIVE #2301 JACKSONVILLE FL 32202			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, officer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation, agent, officer or both, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
12. OFFICERS AND DIRECTORS			
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST AKEL, ISHAK 2301 INDEPENDENT SQUARE JACKSONVILLE FL P	<input type="checkbox"/> DELETE	
1.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP	AKEL, MARWAN 2301 INDEPENDENT SQUARE JACKSONVILLE FL	<input type="checkbox"/> DELETE	
1.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
1.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
1.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
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1.11 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
1.12 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
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1.19 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
1.20 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 or changed, or on an attachment with an address.			
SIGNATURE:			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

2/18/97 (904) 356-6311