

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000065894 (5)**

1. Corporation Name

M & S ROUTE SALES AND DELIVERY SERVICES INC.



Principal Place of Business

**1950 BAYBERRY DRIVE
PEMBROKE PINES FL 33024**

Mailing Address

**1950 BAYBERRY DRIVE
PEMBROKE PINES FL 33024**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**GOTTFRIED, PAUL D
1950 BAYBERRY DRIVE
PEMBROKE PINES FL 33024**

3. Date Incorporated or Qualified

08/31/1994

3a. Date of Last Report

03/20/1995

4. FCI Number

65-0526743

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

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 607.0502, Florida Statutes.

SIGNATURE

(Signature of person who signed this statement on behalf of the corporation)

(Print Name of person who signed this statement on behalf of the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P
GOTTFRIED, MARTIN
1950 BAYBERRY DR
PEMBROKE PINES FL**

☐ DELETE

**ST
GOTTFRIED, SHIRLEY
1950 BAYBERRY DR
PEMBROKE PINES FL**

☐ DELETE

**ST
GOTTFRIED, SHIRLEY
1950 BAYBERRY DR
PEMBROKE PINES FL**

☐ DELETE

**ST
GOTTFRIED, SHIRLEY
1950 BAYBERRY DR
PEMBROKE PINES FL**

☐ DELETE

**ST
GOTTFRIED, SHIRLEY
1950 BAYBERRY DR
PEMBROKE PINES FL**

☐ DELETE

**ST
GOTTFRIED, SHIRLEY
1950 BAYBERRY DR
PEMBROKE PINES FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP

6. TITLE NAME STREET ADDRESS CITY-ST-ZIP

7. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

954-437-3511

CR2E034 (12/95)