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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000076872 (8)

STARR FOOD DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address	(10611061 118 1011 01011 0011
2705 S.W. 14 COURT DEERFIELD BEACH FL 33442	2705 S.W. 14 COURT DEERFIELD BEACH FL 33442	
		 Date Incorporated or Qualif 10/19/1994
2. Principal Place of Business	2a. Mailing Address	4. FEI Number

Applied For Not Applicable 05/0533780 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing City & State City & State \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes XNo Country Ζю Country Z_{10} 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SHAPPE, ALLEN Street Address (P.O. Box Number is Not Acceptable) 17400 N.E. 12 COURT 83 NORTH MIAMI BEACH FL 33162 Zip Code 84 City 85

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

familiar wit	h, and accept the obligations of, Section 60	07 0505, Florida Statutes.	to be supported to the	5 of threetons. Therety assists the appearations as regions of agent. I am
SIGNATURE _	Styriature its ped on printed hence of regularizating out and the	of Emiliary of Mark	TE Registered Agent signaline required	solve registative DATE
12.	OFFICERS AND DIF		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	P	☐ DELETÉ	1.1 Tif(f	Change Addit on
NAME	BROCCO, ANTHONY		1.2 NAME	
STREET ADDRESS	2705 SW 14 CT		1.3 STREET ADDRESS	
CiTY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY - ST - ZIF	
TITLE		□ DELETE	2 1 TIFLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
C-TY - ST - ZiP			24 CHY \$1 - ZIF	
TITLE		☐ DELETE	3 1 THILE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-SY-ZIP			3.4 CITY - ST - Z P	
TITLE		DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STHEET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY ST - ZIP	
TITLE		□ DELETE	5 1 lift.£	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - S1 - ZIP	
TITLE		☐ DELFTE	6 1 TAILE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CHY-ST-ZIP			6.4 City S1-7IP	
14 Loin borob	cortife that the information reinflied with t	his filing is valuatarily furn	ished and does not qualify for	or the exemption stated in Section 119.07(3)(k). Florida Statutes, I further

4. Too 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. Florida 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 chapped, or on an all achment with an address.

SIGNATURE:

THE THE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ANHHONY BROCCO

4/15/4

570-5522

R2F034 (12/95)

3a. Date of Last Report 03/28/1995