

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90025 024 ***150.00

DOCUMENT # P94000077409

1. Corporation Name

ORLANDO SPECIALITY FOODS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5275 RED BUG LAKE RD #109 WINTER SPRINGS FL 32708 US		Mailing Address 5275 RED BUG LAKE RD #109 WINTER SPRINGS FL 32708 US	
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	Country
24	Country	29	Zip
25		30	
3. Date Incorporated or Qualified 10/21/1994		4. FEI Number 59-3272942	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SHEARN, GREG W 1130 POINTE NEWPORT TERR #110 CASSELBERRY FL 32707		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARN, GREG	1.2 NAME	
STREET ADDRESS	1130 POINTE NEWPORT TERR #110	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARN, JEFF	2.2 NAME	
STREET ADDRESS	3679 DERBYSHIRE RD #105	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	2.4 CITY-ST-ZIP	
TITLE	O	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALIO, CHRIS	3.2 NAME	
STREET ADDRESS	522 PLEASANT GROVE DR	3.3 STREET ADDRESS	107 Seville Chase Dr
CITY-ST-ZIP	WINTER SPRGS FL 32708	3.4 CITY-ST-ZIP	Winter Springs FL 32708
TITLE	PRES	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALIO, DENISE	4.2 NAME	
STREET ADDRESS	522 PLEASANT GROVE DR	4.3 STREET ADDRESS	107 Seville Chase Dr
CITY-ST-ZIP	WINTER SPRGS FL 32708	4.4 CITY-ST-ZIP	Winter Springs FL 32708
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Treasurer
STREET ADDRESS		5.3 STREET ADDRESS	Judy A Headlee
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5500 S.E. 42nd Ct
TITLE		6.1 TITLE	Ocala FL 34480
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Judy A Headlee* **SIGNATURE REQUIRED** *4/19/99* *(352) 732-9223*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)