FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087901 (2)

1. Current Name
A&L QUALITY MEATS & DELI, INC.

Principal Place of Business
180 BEECHWOOD LANE
PALM COAST FL 32137

Mailing Address
180 BEECHWOOD LANE
PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1994
3a. Date of Last Report

2. Principal Place of Business
21
2a. Mailing Address
26
State Address
22
State Address
27
City & State
23
City & State
28
24 25 29 30

4. FEI Number: Applied For / Not Applicable
5. Certificate of Status (Years) [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has elected to be taxed as an S Corporation under Section 1372 of the Internal Revenue Code and Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

GUNTHARP, PAUL M JR.
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST FL 32137

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 Section 607.0501 and/or 608, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DECAMILLO, LAWRENCE
STREET ADDRESS	180 BEECHWOOD LANE
CITY, ST, ZIP	PALM COAST FL 32137
TITLE	D
NAME	DECAMILLO, LILLIAN
STREET ADDRESS	180 BEECHWOOD LANE
CITY, ST, ZIP	PALM COAST FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(o), Florida Statutes. Further certify that the information entered on the annual report or supplemental 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 above, or I have attached an amendment for the same.

SIGNATURE: 4/28/95 4453706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Receipt #

0403994 FP