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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address	
2112 SECOND ST. FT. MYERS FL 33901	2112 SECOND ST. FT. MYERS FL 33901	

FILED May 01 1998 8:00am Secretary of State

1. Corporatio	MEN # P95(ID STREET DELI, INC.	000003696 (8)			
Principal Plac	e of Business	Mailing Address			
2112 SECOND ST. FT. MYERS FL 33901		2112 SECOND ST. FT. MYERS FL 33901			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
03-110	No. of Davids	Berlin Adding			01/13/1995
	Place of Business	2a. Mailing Address			4. FEI Number Applied For Not Applied For Not Applicable
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	e	City & State	 ~		6. Election Campaign Financing \$5.00 May Be
23		28		_	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of C	Current Registered Agent	81	Name	10, Name and Address of New Registered Agent
	EO SABINO J		יסן	Name	
	88 MARINER RD		82	Street A	Address (P.O. Box Number is Not Acceptable)
BO	NITA SPRINGS FL 34134		83	4	4813 Gary Boad
			63	1	·
			84	City	Bonita Springs FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 60 registered agent, or both, in the manufactory with and accept the	7,0502 and 607,1508, Florida Statute State of Florida, Such change was a obligations of Section 607,0505, Flo	es, the abov authorized by	e-named o	Bonita Springs FL 85 Zip Code 34134 d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					re required when reinstating) DATE
12.	Signature, typod or printed name of registr Of FICEF	RS AND DIRECTORS	13.	en signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VS	☐ DELETE	1.1 TITLE		Change Addition
NAME	DIFEO, SABINO J		1.2 NAME	j	
STREET ADDRESS	4368 MARINER ROAD		1.3 STREET	ADDRESS	4813 Gary Road
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY - 9	ST-ZIP	Bonitasprings , FL 34134
TITLE	PT	DELETE	2.1 TITLE		Change Addition
NAME	DIFEO, DENISE E		2.2 NAME	l	
STREET ADDRESS	4368 MARINER ROAD		2.3 STREET	ADDRESS	4813 Gary Apal
CITY-ST-ZIP	BONITA SPRINGS FL		2. 4 CiTY -	ST - ZIP	Honita Springs , FL 34134
TITLE		DELETE	3.1 TITLE	-	Change Addition
NAME			3.2 NAME	1	
STREET ADDRESS	1		3.3 STREET		
CITY-ST-ZIP		Tracte	3.4. CITY	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	1	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	1	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5 5.1 TITLE	n-ZIP	☐ Change ☐ Addition
NAME		[] berrie	5.1 HILE 5.2 NAME	{	Countries Appointed
STREET ADDRESS			5.3 STREET	Annerce	
CITY-ST-ZIP			5.4 CITY-9	Į.	
TITLE		DELETE	6.1 TITLE	1-ZIF	Change Addition
NAME			6.2 NAME	1	
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 City - S		

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 suppliemental 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.