


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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000006303 (8)**

1. Corporation Name

MONTALDO FOOD DISTRIBUTORS, INC.

Principal Place of Business

**2641 S. PARK ROAD
PEMBROKE PARK FL 33009**

Mailing Address

**2641 S. PARK ROAD
PEMBROKE PARK FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1995

4. FEI Number

65-0552452

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **323 NW 10th Terrace**

Suite, Apt. #, etc.

22

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

2a. Mailing Address

26 **323 NW 10th Terrace**

Suite, Apt. #, etc.

27

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

9. Name and Address of Current Registered Agent

**MONTALDO, ANTHONY
2641 S. PARK ROAD
PEMBROKE PARK FL 33009**

10. Name and Address of New Registered Agent

81 Name

ANTHONY MONTALDO

82 Street Address (P.O. Box Number is Not Acceptable)

323 NW 10th Terr

83

84 City

Hallandale Beach

FL

85 Zip Code

33009

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MONTALDO, ANTHONY**
STREET ADDRESS **2641 S. PARK ROAD**
CITY-ST-ZIP **PEMBROKE PARK FL 33009**

TITLE **T** ☐ DELETE

NAME **MONTALDO, PHYLLIS**
STREET ADDRESS **2641 S. PARK ROAD**
CITY-ST-ZIP **PEMBROKE PARK FL**

TITLE **VP** ☒ DELETE

NAME **KOCHMAN, JERRY S**
STREET ADDRESS **3530 MYSTIC POINTE DR, APT 2905**
CITY-ST-ZIP **AVENTURA FL**

TITLE **S** ☒ DELETE

NAME **KOCHMAN, JOYCE A**
STREET ADDRESS **3530 MYSTIC POINTE DR APT 2905**
CITY-ST-ZIP **AVENTURA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **MONTALDO, ANTHONY**
1.3 STREET ADDRESS **323 NW 10th Terrace**
1.4 CITY-ST-ZIP **Hallandale Beach, FL 33009**

2.1 TITLE **T** ☒ Change ☐ Addition

2.2 NAME **MONTALDO, Phyllis**
2.3 STREET ADDRESS **323 NW 10th Terr**
2.4 CITY-ST-ZIP **Hallandale Beach, FL 33009**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

Anthony Montaldo

3/30/98 (850) 455-7717

CR2E034 (10/97)