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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 P95000006604 (9) DOCUMENT # CHOICE FOODS, INC.

## **FILED** Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1735 PATTERSON AVENUE 141 ROSS LAKE LANE DELAND FL 32724 SANFORD FL 32771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1735 PATTERSON AVE 59-3304926 141 ROSS LAKE Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be SANFORD DELAND EL Trust Fund Contribution 23 28 Added to Fees 8. This corporation owes or has paid the current year Intengible Country Country Zip Zio 5.A. U.S.A. 327チ1 u. Personal Property Tax due June 30. 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CAMPORA, MARIO 141 ROSS LAKE LN 82 Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32771 83 24 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, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TREASURER DELETE TITLE 1.1 TITLE Change RICARDO A. CAMPORA CAMPORA, MARIO CR2E034 NAME 12 NAME 3702 KANTREL PLACE 141 ROSS LAKE LN 1.3 STREET ADDRESS STREET ADDRESS SANFORD FL 32771 FL 33594 CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 8.4, CITY - ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.

STURE REMANDE AMPORA

(407) 324-046 Z