FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000019748 (9)**

1. Corporation Name

XERXES FOOD SYSTEMS, INC.

Principal Place of Business	Mailing Address
12269 UNIVERSITY BLVD. ORLANDO FL 32817	12269 UNIVERSITY BLVD. ORLANDO FL 32817

3. Date Incorporated or Qualified: 03/07/1995
3a. Date of Last Report:
4. FEI Number: 593299492
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 1003 Lockwood Blvd
22 Suite, Apt. #, etc.
23 Oviedo, FL
24 Zip 32765 25 Country USA

2a. Mailing Address
26 P.O. Box 678067
27 Suite, Apt. #, etc.
28 Orlando, FL
29 Zip 32867 30 Country

9. Name and Address of Current Registered Agent

HEINKEL, R. LAWRENCE
201 W. CANTONN AVE.
NEW YORK-CANTON BLDG., SUITE 150
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Nick Iltsopoulos
82 Street Address (P.O. Box Number is Not Acceptable): 10509 Via Del Sol
83
84 City: Orlando FL 85 Zip Code: 32817

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: 2.16.96 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	ILTSOPOULOS, NICHOLAS		2 NAME		
STREET ADDRESS	% P.O. BOX 678087 (N/A)		3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32867		4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	SMITH, RALPH		2 NAME		
STREET ADDRESS	% P.O. BOX 678087 (N/A)		3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32867		4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	SMITH, CODY		3 NAME		
STREET ADDRESS	% P.O. BOX 678087 (N/A)		3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32867		4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 TITLE		☐ Change ☐ Addition
NAME			4 NAME		
STREET ADDRESS			4 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS	P.O. Box 678067	
CITY-ST-ZIP			6 CITY-ST-ZIP	Orlando FL 32867	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added on an attachment with an address.

SIGNATURE: 2.16.96 407 671 1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #