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

P95000020881 (5) DOCUMENT # 1. Corporation Name

GRANADA GOURMET, INC.

Principal Place of Business	
153 F GRANADA RIVD	

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



153 E GRANADA BLVD. ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3311765 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Yes Personal Property Tax due June 30. □ No g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 DIRSCHERL, DONNA E Name **8 FERNWOOD TRAIL** 82 Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 83 **B4** City 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** Signature, typed or printed name of registered agent and title it approable (NOTI : Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition DIRSCHERL, DONNA E NAME 1.2 NAME **8 FERNWOOD TRAIL** STREET ADDRESS 1.3 STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE ☐ Change Addition raines, shirley w NAME 2.2 NAME 17 FOX HOLLOW DR. STREET ADDRESS 2.3 STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 of 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 freceiver or truspe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, of on an affectiment with in address. //3 if chariged, or on an altachment with no address DIRSCHOKL Suc theo.