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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000022671 (8)

EUROPEAN HOMEMADE SAUSAGE, INC.

nncipal Place of Business	Mailing Address		
1428 S. FEDERAL HIGHWAY HOLLYWOOD FL 33020	1428 S. FEDERAL HIGHWAY HOLLYWOOD FL 33020-6342		
CLIWOOD FL 33020	HOLLINOOD PL 330200342		

FILED Apr 11 1997 8:00am Secretary of State



HOLLYWOOD FL 33020		HOLLYWOOD FL 33020-6342					
					3. Date Incorporated or Qualified 03/21/1995	3a. Date of La 04/28/199	
2. Principal P	lace of Business	2a. Mailing Address		1	4. FEI Number		Applied For
21 26		26			65-0566486		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 "	5 Additional
22		27				Fe	e Required
City & State City & State				6. Election Campaign Financing	the second secon		
23		28			Trust Fund Contribution		led to Fees
Zip TTI	Country	Zip	Count	ry	6. This corporation has liability for in		er s. 199.032,
24	25 9. Name and Address of Cu	29	30		Florida Statutes 10. Name and Address of New Reg	• • • • • • • • • • • • • • • • • • • •	·
CAR	IAN, PANTA	TOTAL TO GISTOTO O ASSOCIA	- E	1 Name	IO. Hamb and Paddless of New Hos	isiored Agoin	
	4 N. FEDERAL HIGHWAY		ļ				
	LYWOOD FL 33020		16	2 Street Add	iress (P.O. Box Number is Not Acceptab	le)	
HOL	111100D FE 33020		l _e	3	······································		
					. *		
			6	4 City		FL 85	Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607, registered agent, or both, in the S im familiar with, and accept the of	0502 and 607.1508, Florida S tate of Florida. Such change v bligations of, Section 607.050!	tatutes, the aboves authorized 5, Florida Statut	ve-named cor by the corpora es.	poration submits this statement for the pation's board of directors. I hereby accept	rpose of changi	ng its registered t as registered
SIGNATURE	Signature, typed or printed name of registeres	d agent and tille if applicable	(NOTE Registered	igent signature requ	ixed when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
THILE	P	DELETE	1.1 TITE			Char	nge 🔲 Addition
NAMÉ	CARAN, PANTA		1.2 NAM	E			
STREET ADDRESS	1424 NORTH FEDERAL HIG	HWAY	1.3 STR	ET ADDRESS			
CHY-ST-7IP	HOLLYWOOD FL 33020		1.4 CITY	-ST-ZIP			
THLE	VP	☐ DELETE	2.1 TITL			☐ Char	nge 🔲 Addition
N4Mi	CARAN, FRANCINE		2.2 NAM	E			
STREET ADDRESS	1424 NORTH FEDERAL HIG	HWAY	2.3 SYR	ET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020		2. 4 CIT	/-ST-ZIP			
THITE		☐ DELETE	3.1 TITL			Char	nge 🔲 Addition
NAME			3.2 NAM	E		·	
STREET ADDRESS			3.3 STR	ET ADDRESS			
Crty-St-ZIP				r-ST-ZIP	······		
THE		DELETE	4.1 ((1)			L Char	nge 🔲 Addition
NAMí			4. 2 NAM	AE .			
STREET ACCORESS			4.3 STRI	ET ADDRESS			
CITY-ST-7IP				- ST - ZIP			
TITLE		DELETE				Char	nge 🔲 Addition
NAME			5.2 NAW				
STREET ADORESS			5.3 STRI	ET ADDRESS			
CITY - ST - ZIF				-ST-ZIP			
THE		☐ DELETE	6.1 TITL	·		Char	nge []] Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6 3 STR	ET ADDRESS			
COTY - ST - ZIP			6.4 City	-ST-ZIP			

14. I do 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