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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043155 (7)

BRADY'S BUTCHER BLOCK & DELI, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I IDANDON NA IBIAN BURN BORN ABUNI ABUNI ARIBA BUAN NAAL ANDRI AKK NAAL	
323 SE PT. ST. LUCIE BLVD. 323 SE PT. ST. LUCIE BLVD.						
923 SE P1. 51. LUCIE BLVD. PT. 8T. LUCIE FL 34984		PORT ST. LUCIE FL 34984				
US		US ·				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						05/31/1995
2. Principal Place of Business 2a. Mailing Addre			dress			4. FEI Number Applied For
21	H	Suite, Apt. #, etc.				65-0592433 Not Applicable \$8.75 Additional
Suite, Apt.	W, etc.	<u> </u>				5. Certificate of Status Desired Fee Required
City & State	1	City & State				6. Election Campaign Financing \$5,00 May Be
23		28			Trust Fund Contribution	
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren			Ι		10. Name and Address of New Registered Agent
BR	BRADY, JAMES J.				Name	
323 SE PT. ST. LUCIE BLVD.				82	Street	Address (P.O. Box Number is Not Acceptable)
PORT ST LUCIE FL 34984					Oli CO.	Addition (Fig. Box Horrison to Horrisophiable)
i				63		
				84	City	85 Zip Code
1						FL `` '
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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
Signature, typod or printed name of registered agent and little if applicable (NOTE: Registered					nt eignature	e required when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE		DELETE	1.1.7			, Lineage Linoundi
NAME	BRADY, JAMES J.IE		1.2 N			
STREET ADDRESS	DODE OF LUCY PI			1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	DELETE		ITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	DST DDADY ALAMOY	[] DECEIE	21 T			Crange C Administra
NAME	BRADY, NANCY 323 SE PT. ST. LUCIE BLVD.		2.2 N			_
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL			2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE		T percie	- 1			C Change
NAME			3.2 N			
STREET ADDRESS					ADORESS	
CITY-ST-ZIP				CITY-S	ST-ZIP	Change Addition
TITLE		T DECE IE	4.11			Change (I Abbition
NAME			1	NAME		
STREET ADDRESS			- 1		ADDRESS	
CITY-ST-ZIP		I poste		ITY-S	T- ZIP	Change Addition
TITLE		☐ DELETE	5.1 T			Citality (1) Addition
NAME				LAME		
STREET ADDRESS					ADDRESS	1
CITY-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ITY-S	T-ZIP	Thomas Thains
TITLE		☐ DELET€	6.1 T			Change Addition
NAME			6.2 N	IAME		
STREET ADORESS			6.3 \$	TREET	ADDRESS	
CITY-ST-ZIP			6.4 0	ITY-S	T-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 eath; 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 chauged, or on an attachment with an address.