

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED) MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



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

1996-12-96

B-7744

C

DOCUMENT # P95000046362 (6)

1. Corporation Name

COASTAL VALLEY FOODS, INC.

Principal Place of Business

Mailing Address

8800 LYNHURST PLACE
ORLANDO FL 32836

8800 LYNHURST PLACE
ORLANDO FL 32836



3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORGGLER, GEORGE
8800 LYNHURST PLACE
ORLANDO FL 32836

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, if applicable

(NOTE: Registered Agent's signature required when resigning)

(Type)

12.

OFFICERS AND DIRECTORS

TITLE

D

DELETE

NAME

TORGGLER, GEORGE
8800 LYNHURST PLACE
ORLANDO FL 32836

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

DELETE

NAME

SCHEINBERG, STEVEN
801 BRICKELL AVENUE SUITE 944
MIAMI FL 33131

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

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TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)