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 # P95000047411 (0)

FOOD FOR LIFE, INC.

TITLE

NAME

STREET ADDRESS

Principal Place of Business Mailing Address							
					* *************************************	··· 49**** 878** (884) 87 9) []]	*** 118* 1881
513 NE 20TH ST. 513 NE 20TH ST. 50CA RATON FL 33431 BOCA RATON FL 33431 BOCA RATON FL 33431-8141					·		
					 Date Incorporated or Qualified 06/15/1995 	3a. Date of Last 6	Report
2. Principal Place of Business 2a. Mailing Address				4, FEI Number		pplied For	
21		26			65-0602804		lot Applicable
22					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
28		City & State	City & Stato		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Cpunti	ry	8. This corporation has liability for		
	g. Name and Address of Curr	ent Registered Agent	- 		10. Name and Address of New Re		
FEI	inst e in, neil		8	1 Name		~~~~~~~~	
1730 VESTAL WAY CORAL SPRINGS FL 33071			8:	2 Street Add	Address (P.O. Box Number is Not Acceptable)		
	THE CITITION IS COUNTY		8	3		· · · · · · · · · · · · · · · · · · ·	
			8-	4 City		FI 85 Zip	Codo
office or agent. I a					poration submits this statement for the p tion's board of directors. I hereby accor	urpose of changing of the appointment as	its registered s registered
	Signature, typed or printed name of registered a			gent signature requi	red when reinstaling)	DATE	
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
NAME	FEINSTEIN, NEIL		1.1 1111.6			Change	Addition
STREET ADDRESS	513 NE 20TH ST.		1,2 NAME				
CITY-ST-ZIP	BOCA RATON FL 33431			E1 ADDRESS			
TITLE	P	DELETE	1.4 CHY- 2.1 THLE	SI-ZIP		Change	Addition
NAME	FEINSTEIN, CHERYL	orane	2.2 NAME			ш опануе	□ MUUIIIOH
STREET ADDRESS	513 NE 20TH ST.			T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431		2. 4 CITY				
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3 2 NAME			. —	
STREET ADDRESS			3.3,STREE	T ADDRESS			
CITY-ST-ZIP			3.4, CITY	-ST-ZIP	·		
TITLE		☐ DELETE	4 1 TITLE			Change	Addition
NAME			4. 2 NAM	:			
STREET ADDRESS			4.9 STREE	1 Address			
CITY-ST-ZIP			4.4[CITY-	ST-ZIP			
TITLE		☐ DELFTE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY -	S1-ZIP			

DELETE

6.1 11TLE

6.2 NAME

6.3 STREET ADDRESS 6.4|CITY-S1-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 eath; that I am an officer or director of the corporation or the occurrence of 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 or an attachment with any address.

FILED May 16 1997 8:00am Secretary of State

Change

Addition

