## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sanora E Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

## DOCUMENT # P95000052881 (6)

INTRACOASTAL FOOD PRODUCTS, INC.					
Principal Place of Business		Mailing Address			(DIE) ITIEI IITI (OO)
2875 SO. COI DELRAY BEAC	NGRESS AVENUE CH FL 33445	2875 SO. CONGRE DELRAY BEACH FL			
				Date Incorporated or Qualified	st Report
Principal Place of Business		28. Mailing Address		4. FE Number 65-0604792	Applied For
21		26			Not Applicable
Suite. Apt. ±, etc.		Suite. Apt. r. etc.		J. Cerurcale U Statu Desired 1 1	.75 Additional ee Required
City & State		City & State			5.00 May Be
23		28			dded to Fees
Zig- Country Zig		Zψ	Country	B. This corporation has liability for intangible tax under s. 199.032	
24	25	29	30	Fiorida Statutes 🔲 Yes 🕱 No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		
	EDWARD A		82 Street Add	ress (P.O. Box Number is Not Acceptable:	
2875 SO. CONGRESS AVENUE			83		
DELRAY BEACH FL 33445			Ų3		
			<b>84</b> City	<b>FL</b> <sup>85</sup>	Žip Cod∈
or registere familiar wit	ed agent, or both, in the State of Fk n, and accept the obligations of, Se	orida. Such change was auth orion 607,0505, Florida Stati	onzed by the corporation's boutes.	oration submits this statement for the purpose of changing and of directors. I hereby accept the appointment as registed	its registered office ered agent. I am
12	Signature typed ciliprote printed name of registers also OFFICEDO A	IND DIRECTORS	(NOTE: Registered Agent signature requirements)  13.	ADDITIONS CHANGES TO OFFICERS AND DIFFE	331734.7
TOLE	D	DELETE	1, 1 TITLE	□ Cnai	
NAME	CAIRO, EDWARD A		1.2 NAME		
STREET ADDREST			1.3 STREET ADDRESS		
C*+-S* Z:	DELRAY BEACH FL 33445		1.4 CITV - ST - ZIP		
Title	D	DELETÉ	C + Totlé	☐ Cna	nge 🔲 Addition
N4M5	CAIRO, PAUL J		2.2 NAME		
STREET ADDRESS	2875 SO. CONGRESS AVE	NUE	2.3 STREET ADDRESS		
( s-7;	DELRAY BEACH FL 33445		24 CFT v - ST - ZFF		
Trive	:	DELETE	3 1 TITUE	☐ Cna	nge 🔲 Addition
N4M6	! !		3.2 NAME		
STREET ADDREST			3.3 STREET ADDRESS		
CITY - ST - ZIF TITUE		☐ DELETE	3.4 CITY - \$T - ZIP 4. 1 TITLE	Cna	nge Addition
NAMÉ	[   		4.2 NAME	900001751836 -03/21/36-01010006	<u>-</u>
STREET ADDRESS	i 		4.3 STREET ADDRESS	U3/21/96- 01010006	
City - St - ZiF	  - 		4.4 CITY - ST - ZIF	***200.00	
TITLE		☐ DELETE	5 1 TITLE	☐ Cna	ng∈
NAME			5.2 NAME		
STREET ADDRESS	l 1		5.3 STREET ADDRESS		
CITY-ST-ZIF			5 4 CHTY - ST - ZIP		
TITLE		☐ DELETE	6 1 THLF	☐ Cha	inge 🗌 Addition
MAME			6.2 NAME		
STREET ADDRESS	i		6.3 STREET ADDRESS		
CITY-ST-2IF			6 4 C/T) - ST - ZIP	for the example a stated in Every and Original Francis	Saturdon Litiration
rout do nereb	y dentity that the information supplie	a will this tring is voluntarily	numished and does not qualify	for the exemption stated in Section: 119.07(3)(k). Florida S	acif made under

4. Ldo hereb, certify that the information subplied 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 by 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 office of director of this corporation or this receive for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of 20 of 15 to cylenges. Or on an obtained with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5(- 2-20