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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

561 364 1819

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500060869 (1)

INLET FOOD SERVICE, INC.

	TH AVENUE RIGHT ROAD) BEACH FL 33435	(E. WOOLBRIGHT ROAD) BOYNTON BEACH FL 334		ı	3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Report 01/30/1996
2 Principa	l Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			65-0597972	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
2		27			a, Commode of States Dosling	Fee Required
City & Si	tate	City & State			6. Election Campaign Financing	\$5.00 May Be
3 Zip	Country	28 Zip	T	ountry	Trust Fund Contribution	Added to Fees
Zip	25	29	30	Outrary	8. This corporation has liability for in Florida Statutes	Yes No
4	g. Name and Address of Curre		1301		10. Name and Address of New Reg	-
	RIMALDI, BARBARA J			81 Name		
374 W. RIVERSIDE DRIVE				DO Charact Andrea	(D.C. Barrish and a Not Assessed	la\
TEQUESTA FL 33469			*	82 Street Addre	ess (P.O. Box Number is Not Acceptab	18)
•				83		
						85 Zip Code
				84 City		FL 85 Zip Code
office r	int to the provisions of Sections 607 05 or registered agent, or both, in the Stat I am familiar with, and accept the oblig RE	e of Florida. Such change was pations of, Section 607.0505, F	authori: Iorida S	zed by the corporate tatutes.	on's board of directors. I hereby accep	I the appointment as registered
	Signature, typicd or printed name of registines ag			ered Agent signaturs require	ADDITIONS/CHANGES TO OFFIC	
12.	OFFICERS AP	ID DIRECTORS DELETE	1	3. I TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	GRIMALDI, BARBARA J	L., DECEIE		2 NAME		
name Street addres	ATA M. DIVERSIDE DONE			3 STREET AODRESS		
CITY-SY-ZIP	TEQUESTA FL 33469			4 CITY-ST-ZIP		
TITLE	D	DELETE		1 TITLE		Change Addition
NAME	GRIMALDI, RICHARD	_	2	2 NAME		
STREET ADDRES	AZA ME DISCOCIOE DONE		2.3	3 STREET ADDRESS		
CITY ST-ZIP	TEQUESTA FL 33489		2.	4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.	1 TITLE		Change Addition
NAME			3.	2 NAME		
STREET ADDRE	ss		3	3 STREET ADDRESS		
CITY-ST-ZIP			3	4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.	1 THTLE		Change Addition
NAME			4	2 NAME		
STREET ADDRE	ss		4.	3 STREET ADDRESS		
CITY-ST-ZIP			4.	4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.	1 TITLE		☐ Change ☐ Addition
NAME			5.	2 NAME		
STREET ADDRE	iss		5.	3 STREET ADORESS		
CITY-ST-ZIP		[7] 65. Eve	_	4 City-St-ZiP		Chesas Addition
TITLE		☐ ĐELETE		1 TITLE		Change L Addition
NAME				2 NAME		
STREET ADDRE	:55			3 STREET ADDRESS		
City - ST - ZIP	ereby certify that the information suppli	and with this filing days made and		4 CiTY-ST-ZiP	(in Soution 119 07(2)(i) Elected State do	s. I further certify that the
inform	ereby certify that the information suppli- lation indicated on this annual report of an officer or director of the corporation of ars in Block 12 or Block, 13 if changed	supplemental annual report is	s true ar swered t	nd accurate and that	my signature shall have the same lega	u errect as it made under oath; th