

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000064956 (2)**
1. Corporation Name

MAGIC FOODS DISTRIBUTORS, INC.

FILED
Oct 05 1998 8:00am
Secretary of State



Principal Place of Business

5030 NW 109TH AVE
SUITE A
SUNRISE FL 33351
US

Mailing Address

15271 FLIGHT PATH DR
BROOKSVILLE FL 34609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1995

4. FEI Number

59-3332177

Applied For

☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



2. Principal Place of Business

21 **15271 FLIGHT PATH DR**

Suite, Apt. #, etc.

22 **BROOKSVILLE FL**

City & State

23 **34609** **FLORIDA**

Zip Country

2a. Mailing Address

26 **3350 ENTERPRISE AVE**

Suite, Apt. #, etc.

27 **1120** **WESTON FL**

City & State

28 **33331** **BROWARD**

Zip Country

9. Name and Address of Current Registered Agent

GHALTCHI, HEIDI K
5030 NW 109TH AVE
SUITE A
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name **GHALTCHI, HEIDI K**

82 Street Address (P.O. Box Number is Not Acceptable)
3350 ENTERPRISE AVE

83 **SUITE 120**

84 City **WESTON** **FL**

85 Zip Code
33331

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 **Heidi Ghaltchi** **PRESIDENT** **7/6/98**

Signature of officer or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **GHALTCHI, HEIDI K**
STREET ADDRESS **5030 NW 109TH AVE SUITE A**
CITY-ST-ZIP **SUNRISE FL**

TITLE **D** ☐ DELETE
NAME **GHALTCHI, HEIDI K**
STREET ADDRESS **10501 NW 50TH STREET**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **GHALTCHI, HEIDI K**
1.3 STREET ADDRESS **3350 ENTERPRISE AVE, SUITE 120**
1.4 CITY-ST-ZIP **WESTON FL 33331**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Heidi Ghaltchi** **7/6/98 (954) 388-995**

CR2E034 (5/98)