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

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morlham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9500067814 (0)

KING'S CHOICE FOOD, INC

Mailing Address Principal Place of Business 1202 W CENTRAL BLVD 1202 W CENTRAL BLVD SUITE H ORLANDO FL 32805 SUITE H ORLANDO FL 32805-1961 3a. Date of Last Report 3. Date Incorporated or Qualified 09/01/1995 07/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3334309 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes □ No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ☐ Addition TITLE DVST 11 18LE NAME PEJMAN, TED V 1.2 NAME 1202 W CENTRAL BLVD 1.8 STREET ADDRESS STREET ADDRESS ORLANDO FL 32805 1.4 CITY- ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE DP SALEHI, HESAM R 22 NAME NAME STREET ADORESS 1202 W CENTRAL BLVD 23 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 2.4 CITY - ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 32 NAME NAME 3,3 STREET ADDRESS STREET ADDRESS 3,4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4" TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.11016 NAME 5,2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - 2(P CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY-\$1-ZiP CITY-ST-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 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. 4-22-97/407-4269979 SIGNATURE Sale A Rothan Hesan

**FILED** 

May 02 1997 8:00am

Secretary of State