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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000078231 (4)

LAKE FOODS, INC.

FILED
May 04 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address					BOOK JOHEN HAUFA PHURI DIEF LOGE
· · · · · · · · · · · · · · · · · · ·					
750 W. LUMSDEN ROAD BRANDON FL 33511		BRANDON FL 33511			
		• • • • • • • • • • • • • • • • • • • •		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
A Driver of the	leas of Division	1 74 - 144 - 15 - 16 - 16 - 16 - 16 - 16 - 16 - 16		10/09/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3355735	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	·
24	25	29	30	Personal Property Tax due June 30.	Yes 🗌 No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	Agent
CURRY, CLIFTON C JR.			81 Name		
750 W. LUMSDEN ROAD			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
BRANDON FL 33511					
		83			
ł			84 City		85 Zip Code
				F	
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 Signature typed or pented frame of regularist agent and title drug-like other. (NOT) Hegistered Agent signature required when reinstating) DATE					
12.	Signature: typed or printed name of regelered a OFFICERS AL	NO DIRECTORS	Hegistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	KAZBOUR, TALAL		1.2 NAME		
STREET ADDRESS	2503 HIGHWAY 60 EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		1.4 CITY-SI-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP	••*	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
Street address			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELET E	4.1 1ITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Decem	4.4 Crty-St-ZiP		100000
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME ATOME ADDOCCO			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE		ר"ו הנרנונ	6.1 TITLE		CHONDS CHAUGHOU
NAME OTDEET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		21 (1) 12	6.4 City-St-ZIP	210 87/8/10 EL	

14. Thereby 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 are attachment with an address.

2-22-95 813-6840622