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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 03 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082946 (1)

LUCKY FOOD SERVICES, INC.

Principal Place of Business		Mailing Address			r seestear sin total Stift Sout Datit Batti Anth 1816 (1918 1911 Bibli Bill 196)
802 N.W. FIF		802 N.W. FIRST ST.			
SOUTH BAY	FL 33493	SOUTH BAY FL 33493 US			DO NOT WRITE IN THIS SPACE
**		•			3. Date Incorporated or Qualified
					10/26/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21 Suite And W. Cha		26			65-0617086 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Certificate of Status Desired \$8.75 Additional
City & State		City & State			Fee Required
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z ip Country		Zip Country		ry	This corporation owes or has paid the current year Intangible
25		29 30			Personal Property Tax due June 30. X Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
	IYAL, STÉVEN B		8	1 Name	
802 NW FIRST ST			8:	2 Street A	Address (P.O. Box Number is Not Acceptable)
SOUTH BAY FL 33493			-		
			8:	3	
			84	City	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508. Florida Statut	es the abov	ve-named r	corporation submits this statement for the purpose of changing its registered
	egistered agent, or both, in the State or familiar with, and accept the oblig	FULLIOHUA, OUGH GHANGE WAS	aumonzeo t	ov the com	oration's board of directors. I hereby accept the appointment as registered
	im familiar with, and accept the oblig	lations of, Section 607,0505, Fi	orida Statute	es.	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOT	E Registered Ar	gent signature r	required when reinstaling) DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROYAL, A. SCOTT		1.2 NAME		
STREET ADDRESS	802 N.W. FIRST ST.			T ADDRESS	·
CITY-ST-ZIP	SOUTH BAY FL 33493		1.4 CITY - ST - ZIP		
TITLE	D	L.) DELETE	2.1 TITLE	l	Change Addition
NAME	ROYAL, DERIK C		2.2 NAME	1	
STREET ADDRESS	802 N.W. FIRST ST.		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	SOUTH BAY FL 33493		2. 4 CITY	ST-ZIP	
TITLE	0	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROYAL, STEVEN B		3.2 NAME		
STREET ADDRESS	802 N.W. FIRST ST.		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	SOUTH BAY FL 33493		3,4. CITY-	ST-ZIP	
TITLE	0	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, GARY N		4. 2 NAME		
STREET ADDRESS	802 N.W. FIRST ST.		4.3 STREE	T ADDRESS	
CITY-ST-ZIP	SOUTH BAY FL 33493	T 22.22	4.4 CITY-	ST-ZIP	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP	
TITLE		DELETE	6.1 TITLE]	☐ Change ☐ Addition
NAME .			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	

CITY-ST-ZIP
 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.