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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # P95000090617 (8)

1. Corporation Name
THE CASUAL GOURMET, INC.

Principal Place of Business

225 DYER ROAD
WEST PALM BEACH FL 33405

Mailing Address

225 DYER ROAD
WEST PALM BEACH FL 33405



Principal Place of Business 225 DYER ROAD WEST PALM BEACH FL 33405		Mailing Address 225 DYER ROAD WEST PALM BEACH I			L TOLLIDER HE ITTEL DIEN DERN DENN DENN DENN DENN DENN DENN DE			
		HERE THEM PERIOT!			3. Date Incorporated or Qualified 11/29/1995	3a. Date of Last Report		
, Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 0/27	0/5	I A	pplied For
1 142 14	Keviau HVC	26			65-060-1	10)		lot Applicable
Suite, App#	Im Boach FL	Suite Apt. #, etc			5. Certificate of Status Desired		•	Additional Required
City & State	22101	City & State			6. Election Campaign Financing			May Be
	3340]	28			Trust Fund Contribution			to Fees
Zp 23	Country Real h	Zip	Country		8. This corporation has liability for		under s	199.032,
4 3340 25 P. Beach		29	30		Florida Statutes			
	9. Name and Address of Currer	it Hegistered Agent	B1	Name	It. Hame and Hadrest		<u> </u>	
AAAEN I	nouse n					.1-1		
Coren, I 225 Dyei			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	LM BEACH FL 33405		83					
			84	City			85 Z(Code
				' '	ration submits this statement for the pu	<u>FL</u>		
IGNATURE s	ignature, typed or printed name of registered agen	orani titri Tappilnable (*	iOT:: Bi jistared Age	d signature техного		DATE		F3 14 1 1 6
s				d signature require		DATE ICERS AND	DIBLOTO	BS IN 12
2.	OFFICERS AN	ncard the Papyloade (*) NO DIRECTORS DELETE	13.	d signature require	ADDITIONS/CHANGES TO OFF		DIRECTO	
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(4). Profit a status 3 hards certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under out; 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 chapped, or on an attachment on an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-50-96 407-83318