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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000091580 (7)

1. Corporation Name

LENNY'S FOOD SERVICE, INC.

Principal Place of Business

6373 CONROY ROAD, SUITE 1809
ORLANDO FL 32811

Mailing Address

6373 CONROY ROAD, SUITE 1809
ORLANDO FL 32835-3510

3. Date Incorporated or Qualified

01/01/1996

3a. Date of Last Report

12/96

2. Principal Place of Business

2a. Mailing Address

21 Lenny's Deli

26 Lenny Fox

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1370 S WOODLAND BLVD

27 6373 CONROY RD apt 1909

City & State

City & State

23 Deland FL

28 ORLANDO FL

Zip

Country

Zip

Country

24 32720

25 U.S.

29 32720

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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 printed name of registered agent and date (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD
FOX, LINWOOD J
STREET ADDRESS 6373 CONROY ROAD, SUITE 1809
CITY - ST - ZIP ORLANDO FL 32811

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

Date

904-734-7833

Daytime Phone #

CR2E034 (9/96)