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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 02 1998 8:00am Secretary of State

1. Corporation	MENT # P960( FOODS, INC.	00009214 (	3)			
W11110	. 1 0000, 1110.					
Principal Place	of Business	Mailing Address			L CORALDON AND DESER BANK DRAIN BOTH BRAKE DRAK	1 00110 1011E 11001 110H 0101 1E01
9709 W. SA CORAL SPR US	MPLE RD. INGS FL 33065	P.O. BOX 770610 CORAL SPRINGS FL US	CORAL SPRINGS FL 33077		DO NOT WRITE IN THI	S SPACE
03		US			3. Date Incorporated or Qualified 01/26/1996	3 0 1102
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0634186	Not Applicable
Suite, Apt.		Suite, Apt #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	25 29		30 Cour			<b>K</b> Yes □ No
	9, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent
	UTLER, BRUCE S			81 Name		
	.O. BOX 770610		ŀ	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33077				83		
				<b>0</b> 3		
				64 City	F	85 Zip Code
SIGNATURE	Signature, typed or peaters manner of person real a	geni and title typiplicable (h			poration submits this statement for the purpose ation's board of directors. I hereby accept the a purpose when reinstating)  DATE  DATE	ppointment as registered
12.		ND DIRE <b>d/</b> IORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DAVONI MADILVI	DELETE	1.1 TIT			Change Addition
NAME RAYBIN, MARILYN STREET ADDRESS 4201 N. OCEAN DR., #101			1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS CITY+ST-ZIP	BOCA RATON FL	1				
TITLE	DOOK INTOIT E	DELETE	2.1 TIT	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			2.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY - ST - ZIP			2. 4 CI	TY-ST-ZIP		
TITLE		☐ DELETE	3.1 717	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 STF	REET ADDRESS		
CITY - ST - ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	4.1 717			Change Addition
NAME			4. 2 NA			
STREET ADDRESS			1	IEET ADDRESS		
CITY-ST-ZIP		DELETE		Y-ST-ZIP	·	Change Addition
TITLE NAME			5.1 TIT			C Olionac C Monthlin
STREET ADDRESS			5.2 NA	NEET ADDRESS		
CITY-SI-ZIP				Y-ST-ZIP		
TITLE	<del></del>	DELETE	5.4 CII 6.1 TIT		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NA			
STREET ADDRESS				HEET ADDRESS		
City-St-ZIP				Y-ST-ZIP		
	settify that the information supplied	with this filing dose not qualif			n Section 119 07/3)(i) Florida Statutes, Lfurther	certify that the information

indicated on this annual report or supplied with this tiling does not quality 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 innual 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; on an attachment with an address.