

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010338 (7)

1. Corporation Name

KKG SNACK FOODS, INC.

Principal Place of Business

Mailing Address

~~1030 N. ORANGE AVE.~~
~~SUITE 104~~
~~ORLANDO FL 32801~~

~~1030 N. ORANGE AVE.~~
~~SUITE 104~~
~~ORLANDO FL 32801-1030~~



2. Principal Place of Business

21 3026 BRYN MAWR ST

Suite, Apt. #, etc.

22 City & State

23 ORLANDO, FL

24 32808

Country

2a. Mailing Address

26 3026 BRYN MAWR ST

Suite, Apt. #, etc.

27 City & State

28 ORLANDO, FL

29 32808

Country

3. Date Incorporated or Qualified

01/29/1996

3a. Date of Last Report

4. FEI Number

59-3358717

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

THARP, PHILIP A
1030 N. ORANGE AVE.
SUITE 104
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME THARP, PHILIP A
STREET ADDRESS ~~1030 N. ORANGE AVE., STE. 104~~
CITY-ST-ZIP ~~ORLANDO FL 32801~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D.P. ☐ Change ☒ Addition
1.2 NAME KAREN TOUFAYAN NARBIZIAN
1.3 STREET ADDRESS 9255 KENNEDY BLVD
1.4 CITY-ST-ZIP NORTH BERGEN, NJ 07047

2.1 TITLE D.T. ☐ Change ☒ Addition
2.2 NAME KRISTINE TOUFAYAN
2.3 STREET ADDRESS 9255 KENNEDY BLVD
2.4 CITY-ST-ZIP NORTH BERGEN, NJ 07047

3.1 TITLE D.S. ☐ Change ☒ Addition
3.2 NAME GREGORY TOUFAYAN
3.3 STREET ADDRESS 2481 RIVERTREE CIRCLE
3.4 CITY-ST-ZIP SANFORD, FL 32711

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 REQUIRED

GREGORY TOUFAYAN 4-2997 407-295-2257

Date

Daytime Phone #

CR2E034 (9/96)