

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

FILED

Apr 11 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 # P96000014451 (4)

1. Corporation Name

GOURMET AFFAIRS, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 127 92 AVENUE, NE ST. PETERSBURG FL 33702-2641 | 127 92 AVENUE, NE ST. PETERSBURG FL 33702-2641 |

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified 02/12/1996 | 3a. Date of Last Report N/A |
|---|--------------------------------|

| | |
|--|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 1490 PASADENA AVE. S. Suite, Apt. #, etc. 22 SUITE B City & State 23 ST. PETERSBURG, FLORIDA Zip 24 33707 Country 25 USA | 26 - Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 |

| | |
|--|-----------------------------------|
| 4. FEI Number 59-3359963 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | |
| BRED, LYNNE M 127 92 AVENUE, NE ST. PETERSBURG FL 33702-2641 | |

| | |
|--|-------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name BRED, LYNNE M | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1490-B PASADENA AVE. S. | |
| 83 | |
| 84 City ST. PETERSBURG | 85 Zip Code FL 33707 |

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: 

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-97

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | BRED, LYNNE M |
| STREET ADDRESS | 127 92 AVENUE, NE |
| CITY - ST - ZIP | ST. PETERSBURG FL 33702-2641 |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | HOFFMAN, PATRICIA |
| STREET ADDRESS | 135 92 AVENUE, NE |
| CITY - ST - ZIP | ST. PETERSBURG FL 33702-2641 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | REMSNYDER, DONNA S |
| STREET ADDRESS | 127 92 AVENUE, NE |
| CITY - ST - ZIP | ST. PETERSBURG FL 33702-2641 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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

4-5-97 (813)
345-1467
Date Daytime Phone #

CR2E034 (9/96)