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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Şandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020010 (0)

Principal Place	DAST FOOD SERVICES, IN	Mailing Address	,		
1616 GULF-TO-BAY BLVD CLEARWATER FL 33755 US		CLEARWATER FL 33758 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
a Diagon D	lace of Business	2a, Mailing Address		03/05/1996 4. FEI Number	T A T
	IACE OF DUSINESS	<u>-</u>			Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		59-3379663	\$0.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		Cily & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	— ' — "
24	25 g. Name and Address of Curre	29 29 Accept	30	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
		iir uaflikiaian Wāsur	81 Name	10. Hame and wonless of new Hegiste	er or wholis
SCHAPFNEH, UANIEL N					
839-B KEENE RD N CLEARWATER FL 34615			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
OL.	EARITAILE IL STOIS		83		
			\ <u>.</u>		
			84 City		FL 85 Zip Code
office or nagent. La	m familiar with, and accept the oblig Signature, typed or proted name of registered as	pations of, Section 607.0505, I	s authorized by the corporal Florida Statutes. OIL Registered Agent's gnature req.	poration submits this statement for the purportion's board of directors. I hereby accept the red when reinstaling) ADDITIONS/CHANGES TO OFFICERS	ATE
TITLE	PST	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	METZ, RICHARD E JR		1.2 NAME		
STREET ADDRESS	2231 SPRINGRAIN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	 	DELETE	2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE		☐ otreit	3.1 TITLE		El cualific El votation
NAME STREET ADDRESS			3.2 NAME 3.3 STREFT ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELET E	4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	l		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T r,r,r,r,r,r	5 4 City-St-ZiP		Obarra Titazor-
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		1	6.2 NAME		
STREET ADDRESS	\W.		6.3 STREET ADDRESS		
City-st-ZIP	certify that the information supply to	vith this filing does not qualify	6.4 CITY - S1 - ZIP	Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the information
indicated on this annual report or supplied enhald 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 of 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 a statute and dress.					

11-2 9.98 912 441-7981

FILED

May 06 1998 8:00am

Secretary of State