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May 08 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 # P96000031740 (9)

1. Corporation Name

DESIGN FOODS OF FLORIDA, INC.

Principal Place of Business

1736 NORTH COUNTY ROAD 427
LONGWOOD FL 32750

Mailing Address

1736 NORTH COUNTY ROAD 427
LONGWOOD FL 32750-3409



3. Date Incorporated or Qualified

04/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 B7 SKYLINE DRIVE

Suite, Apt. #, etc.

22 4301

City & State

23 LAKE MARY, FL

Zip

24 32746

Country

2a. Mailing Address

26 B7 SKYLINE DRIVE

Suite, Apt. #, etc.

27 4301

City & State

28 LAKE MARY, FL

Zip

29 32746

Country

4. FEI Number

59-3369696

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

LOE, BRIAN R
3070 WEST LAKE MARY BOULEVARD
LAKE MARY FL 32746

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 ☐ DELETE

D
NAME LAVEZZO, ROBERT
STREET ADDRESS 1704 HOLLIS DRIVE
CITY-ST-ZIP ORLANDO FL 32833

TITLE ☐ DELETE

D
NAME ANDERSON, STEPHEN
STREET ADDRESS 109 ROCKINGHAM COURT
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

D
NAME MILLONIG, JOHN
STREET ADDRESS 393 WEST LAKEVIEW AVENUE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ DELETE

D
NAME NORMAN, DAVID
STREET ADDRESS 1742 FIFESHIRE COURT
CITY-ST-ZIP LONGWOOD FL 32779

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: *John Millonig* *John M. Millonig* 4/30/97 (4m) 805-0080

CR2E034 (9/96)