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

FILED Mar 16 1998 8:00am **PROFIT** CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS

,	MENT # P96000 FINE FOODS INC.	0049405 (9))			
LOUIN	THE TOODS INC.					
Principal Place of Business Mailing Address				"	-	ik Bibio idili didil dadk dili Ibdi
P.O. BOX 1083 P.O. BOX 1083					ì	
JUPITER FL 33468-1083 JUPITER FL 33468-1083			3		DO NOT WRITE IN T	THIC COACE
					3. Date Incorporated or Qualified	nio SPACE
`					06/10/1996	
2. Principal P	2. Principat Place of Business 2a. Mailing Address				4, FEI Number	Applied For
21 26				65-0691562	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	ו		5. Certificate of Status Desired	\$8.75 Additional
22 Ch. 6 Chair		City & State			Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7ip	Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren		1991		10. Name and Address of New Registe	red Agent
RIC	CHTER, FRANK M		81	Name		
14255 US ONE STE 285			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
JUNO BECAH FL 33408						
			83			
			84	City		E S5 Zip Code
11. Pursuant	to he provisions of Sections 607.050	2 and 607.1508, Florida Sta	lutes, the above	e-named corp	poration submits this statement for the purpo	se of changing its registered
office or re agent. I a	edistreed agent, o both, in the State milan with, and accept the ≉nlig	of Florida, Such change wa stions of Syction 607,0505 j	s authorized by Florida Statutes	the corporat	oration submits this statement for the purpo- ion's board of directors. I hereby accept the	appointment evregistered
SIGNATUR:	SA - William		nziti i egistereo Aue	·	red when reinstating) DA	
12.	OFFICERS AND DIRECTORS		13.	KIL WIGHSTORE FEQUI	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D DELETE		1.1 TITLE		7,000,100,000,000	Change Addition
NAME	LUCIA, PETER		1.2 NAME	ĺ		
STREET ADDRESS	6301 WINDING LAKE DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-S	1-2IP	<u> </u>	
†JTLE		☐ DELETE	2.1 TITLE	İ		Change Addition
NAME		2				
STREET ADDRESS			23 STREET			
CITY-ST-ZIP			2 4 City-ST-ZiP			Change Addition
TITLE NAME	DELETE		3 1 TITLE 3 2 NAME			Villarigo Appli(0))
STREET ADDRESS	DORESS		3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - S			1
TITLE	DELETE		4.1 TITLE			Change Addition
NAME	. ∤		4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			44 CITY-S	T-21P		
TITLE	☐ DELETE		5 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			İ
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		DELETE	5.4 CITY-S	T-ZIP		Change Addition
TITLE		☐ DEFE IE	6 1 TITLE			The creatings The Workington
NAME CTOSES ADDRESS			6.2 NAME	*DDDECC		
STREET ADDRESS			6.3 STREET	1		
CITY-ST-ZIP	A		6.4 CITY-S	1-KIF		

mation 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 of the recovery report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an anyther or the recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in