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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortifam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050046 (7)

CHAD'S DELI AND BAKERY, INC.

Principal Place of Business Mailing Address 82330 OVERSEAS HWY 92330 OVERSEAS HWY TAVERNIER FL 33070 **TAVERNIER FL 33070-2700** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/10/1996 2. Principal Place of Business 28. Mailing Address 26. Pro, Box 4. FEI Number Applied For 21 Not Applicable Sulte, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 MORDE 29 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GARDNER, CHAD 149 SEVERINO DR 82 Street Address (P.O. Box Number is Not Acceptable) ISLAMORADA FL 33036 83 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE Change Addition TITLE 11 TILLE preside Chad Gardner NAME 1.2 NAME 92330 Overses +two STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Addition Change TITLE 2.11014 NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS

2.4 CITY+ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 THILE

3.2 NAME

4.1 TITLE

4. 2 NAME

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

14. CITY-SI-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 planged, or on an attachment with an address.

AIANIATUME.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

NOI D'ALLOW

DELETE

DELETE

DELETE

DELETE

127/97 800 953-5560

Change

Change

Change

Change

Addition

Addition

Addition

Addition

FILED

Jun 16 1997 8:00am

Secretary of State