

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

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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053350 (0)

1. Corporation Name
KOSHER TREATS AT SHERIDAN, INC.



Principal Place of Business
1031 NORTH MIAMI BEACH BLVD.
NORTH MIAMI BEACH FL 33162

Mailing Address
1031 NORTH MIAMI BEACH BLVD.
NORTH MIAMI BEACH FL 33162-3042

3. Date Incorporated or Qualified
06/20/1996

3a. Date of Last Report

2. Principal Place of Business
21 3357 SHERIDAN STREET

2a. Mailing Address
26 3357 SHERIDAN STREET

4. FEI Number
59-0710959

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 HOLLYWOOD, FLORIDA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 33021 25 USA

10. Name and Address of New Registered Agent

29 33021 30 USA

9. Name and Address of Current Registered Agent
ROSENTHAL, KERRY E
1031 NORTH MIAMI BEACH BLVD.
NORTH MIAMI BEACH FL 33162

81 Name HERTZEL NOTIS

82 Street Address (P.O. Box Number is Not Acceptable)
3357 SHERIDAN STREET

83

84 City HOLLYWOOD FL 85 Zip Code 33021

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 *Hertzel Notis*, HERTZEL NOTIS 1/24/97
Signature, type or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	NOTIS, HERTSEL	
STREET ADDRESS	1031 NORTH MIAMI BEACH BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOTIS, DONNA	
STREET ADDRESS	1031 NORTH MIAMI BEACH BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
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		

1.1 TITLE	D PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERTZEL NOTIS	
1.3 STREET ADDRESS	3357 SHERIDAN STREET	
1.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33021	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DONNA NOTIS	
2.3 STREET ADDRESS	3357 SHERIDAN STREET	
2.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33021	
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: *Hertzel Notis*, PRESIDENT 1/24/97 305-947-1800
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)