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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P96000059302 (5)

THE DELI PLANET, INC.

FILED May 13 1997 8:00am Secretary of State

Principal Place	SE AVE	Mailing Address 2315 \$ ORANGE AVE					
ORLANDO FL 3	32789	ORLANDO FL 32806-3046			3. Date Incorporated or Qualified	3a. Date of Last	Report
2.31	5 S. Olange Au				07/16/1996		Thousand I
2. Principal F	S S. Olange Au	2a. Mailing Address			4 FELAL	1	Applied For
21 26					59°3393124		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	(A) '	Additional
22 27						F00 I	Required
	City & State City & State 23 O (\and o , FL 28)				6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	* Country	Zip	Country		8. This corporation has liability for in		
24 3281	06 25	29	30			Yes 🔲 No	
	9. Name and Address of Curi	ent Registered Agent			10. Name and Address of New Reg	Istered Agent	
	ALA, MICHELE		B1	Name La	Gala, Michele		
	S ORANGE AVE		82	Street Add	ress (P.O. Box Number is Not Acceptable		
ORL	ANDO FL 32789		83	<i>L</i> ;	315 S. Orange Ave	-	
			84			FL 85 3	p Code 2806
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statute	s, the above	named corr	operation submits this statement for the pu	rpose of changing	its registered
office or r	registered agent, of both, in the Sta	ate of Florida. Such change was at	uthorized by	the corporal	poration submits this statement for the pution's board of directors. I hereby accept	the appointment a	is registered
ľ	an familial wan, wid accept the of	ilgalions of, rection 1977.0305, Piol	iiida Siaiules		4/7	0197	
SIGNATURE	Signature, typed or protect name of registored	agent und like ir application (NOTE	Registered Age	nt signature requi	ired when reinstating)	Topic -	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
MILE	D	☐ DELETE	1.1 TITLE	D) P	🔀 Change	e 🔲 Addition
NAME	LAGALA, MICHELE		1.2 NAME	L	abala, Michele]
STEELT ADDRESS	2315 S ORANGE AVE	•	1.3 STREET	ADDRESS 2	1155 brance Ave		
CHY-ST-ZIP	ORLANDO FL 32789		1.4 CITY - S	1-ZIP O	114 NOO, FL 32806		
TOTALE	D	☐ DELETE	2.1 TITLE	\	7 <i>b</i>	Change	e [] Addition [
NAME	LAGALA, GUY		2.2 NAME		adala Guy 355, Olange the		
STREET ADDRESS	1601 ISON LANE		2.3 STREET	ADDRESS 2	315 s, olange fre		
CITY - S1 - ZIP	OCOEE FL 32761	Do the	2. 4 CITY-S	IT-ZIP C	3 r lando, FL 32806	<u> </u>	
माह		☐ DELETE	3.1 TITLE			☐ Change	e 🗀 Addition
NAME			3.2 NAME			1.0	İ
SCREET ADDRESS			3.3 STREET			•	1
CITY - S1 - Zif'		☐ DELETE	3.4 CITY-S	IT-ZIP		☐ Change	Addition
Tille		☐ rerest	4.1 TITLE	{		ET cuquite	e L. Addition
NAME			4. 2 NAME				
STHEET ADDRESS			4.3 STREET	i	•		
DITY-ST-7# TillE		☐ DELETE	44 CITY - S' 51 TITLE	1 - 242		Change	e Addition
NAME		- Descrit	52 NAME	ļ		Land Contrigu	
STREET ADORESS			5.3 STREET	ADDRESS	1		
			5.4 CITY - S				
CHY-ST-ZIP TIME		☐ DELETE	6.1 TITLE	1.511		Change	B Addition
NAME		band warmen	6.2 NAME				
STREE" ADDRESS			6.3 STREET	ADDRESS			
City-St-ZiP			6.4 CITY-S				
	by certify that the information supp	lied with this filing does not qualify			d in Section 119.07(3)(i). Florida Statutes	I further certify the	at the

. Lob 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 made appears in Block 12 or Block 13 if changed, or on an attail himsen with an address.

SIGNATURE

Michael To falls CIMIC

agala 4/29/

Daytime Phone 6