

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000069144 (9)
1. Corporation Name
CHACH'S LUNCH BOX DELI, INC.

Principal Place of Business 10712 COUNTY LINE RD HUDSON FL 34867 US	Mailing Address 16633 HOLLAND LANE 10712 COUNTY LINE RD HUDSON FL 34867 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**10712 County Line Rd
Hudson FL
34667
PASCO**

3. Date Incorporated or Qualified 08/15/1996	4. FEI Number 59-3398136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**ZIEGLER, BARRY
16633 HOLLAND LANE
BROOKSVILLE FL 34610**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10712 County Line Rd
83 City
Hudson
84 State
FL
85 Zip Code
34667

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 address change only DATE _____
(NOTE: Registered Agent signature required after reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Ziegler Mary H
NAME	ZIEGLER, MARY H	1.2 NAME	10712 County Line Rd
STREET ADDRESS	16633 HOLLAND LANE	1.3 STREET ADDRESS	Hudson FL 34667
CITY-ST-ZIP	BROOKSVILLE FL 34610	1.4 CITY-ST-ZIP	34667
TITLE	D	2.1 TITLE	Ziegler Barry
NAME	ZIEGLER, BARRY	2.2 NAME	10712 County Line Rd
STREET ADDRESS	16633 HOLLAND LANE	2.3 STREET ADDRESS	Hudson FL 34667
CITY-ST-ZIP	BROOKSVILLE FL 34610	2.4 CITY-ST-ZIP	34667
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
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14. I 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 4/28/98 813 812 1887

CP2E034 (10/97)