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

1997

DOCUMENT # P96000070557 (9)

THE GOURMET MARKET, INC.

FILED Apr 14 1997 8:00am Secretary of State



| Principal Place | Principal Place of Business Mailing Address | | | F TOO FIRMS AND BOXED BOXED AND BOXED AND SOUTH AND SOUT | | | |
|--------------------------------|--|--|---------------|--|--|------------------------------|-------------------------------|
| 7203 41ST COU SARASOTA FL 3 | | 7203 41ST COURT EAST SARASOTA FL 34243-5136 | | | | | |
| | | | | | Date Incorporated or Qualified | 3a. Date of La | st Report |
| | | | | | 08/21/1996 | Ja. Date Of La | actiepoit |
| | ace of Business | 2a. Mailing Address | _ | - | 4. FEI Number | | Applied For |
| 21 4 61 Suite, Apt # | Main 31 | 26 Suite, Apt. #, etc. | <u> </u> | 7 | (2)-0108944 | | Not Applicable 75 Additional |
| | 2002 - AD | 27 | | | 5. Certificate of Status Desired | 1 1 | e Required |
| City & State | · | City & State | | `1 | 6. Election Campaign Financing | <u>\$</u> 5. | 00 May Be |
| | Seriles 41 Country | 28 Savasota | | intry | Trust Fund Contribution | | ded to Fees |
| 24 343 3 | 25 USA | 29 34236 | 30 | | This corporation has liability for Florida Statutes | intangible tax und Yes No | ler s. 199 032, |
| <u> </u> | 9. Name and Address of Curre | | 1301 | V 07 | 10. Name and Address of New R | | |
| SPAU | JLDING, JOETTE | | | 81 Name | Trest Muccotes | 0 | |
| | 41ST COURT EAST | | | 82 Street A | ddress (P.O. Box Number is Not Accepta | | |
| SARA | NSOTA FL 34243 | | | 10 | lla main st | | |
| | | | | 83 | | | |
| | | | | 84 Citya | | 85 . | Zip Code |
| 41 Parenard to | o the province of Sections 607 050 | 22 and 607 1508. Florida State | doe the a | bove-named | Corporation submits this statement for the | | |
| office or re | egistered agent, or both, in the State | of Florida. Such change was | authorize | d by the corp | oration's board of directors. I hereby acce | ept the appointmen | t as registered |
| | | N (| iorida Sta | iniea | HAM LANGE DE LA | المالك ا | 20 |
| SIGNATURE | Signature by on or printed name of registered an | ent and little if applicable. (NO | TE: Registere | d Agent algrature | equired whet reinstating) | C+UT TIME | 1.7 |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | — <i>V</i> | ADDITIONS/CHANGES TO OFFI | | |
| THEF | | ☐ DELETE | 1,1 T | | Vice Hospital | ☐ Cha | nge 🔽 Addition |
| NAME | | | 1.2 N | | Joe muscatelli 2006 constallas | ₽ι | |
| STREET ADORESS | | | - 1 | TREET ADDRESS | Savasta 1 342 | · | , |
| CITY-ST-ZIP TITLE | | DELETE | 2.1 T | ITY-ST-ZIP | Secretary | □ Cha | nge Addition |
| NAME | | | 2.2 N | | marie Soundin | — | F |
| STREET ADORESS | | | | TREET ADDRESS | 7203 CLSY CT SANT | | |
| CHY-SI-Z# | | | 2.40 | CITY-\$1-ZIP | Sureside CI 3434 | 2 | |
| 1111.1 | | DELETE | 3.1 T | | | ☐ Cha | nge Addition |
| NAME | | | 3.2 N | AME | | | |
| STREET ACCRESS | | | 3 3 S | TREET ADDRESS | | | |
| CI1 Y - \$1 - ZI2 | | DELETE | *10111 | CITY - ST - ZIP | | ☐ Cha | nge Addition |
| TITUE NAME | | ☐ herese | 411 | NAME | | LJ UR | inge Addition |
| STREET ADDRESS | | | | TREET ADDRESS | | | |
| OTY ST-ZIP | | | | ITY-ST-ZIP | | | |
| 70116 | | ☐ DELETE | 5.1 7 | | | Cha | nge Addition |
| NAME | | | 5.2 N | IAME | | | |
| STREET ADDRESS | | | 5.3 S | TREET ADORESS | | | |
| CITY-ST ZIP | | | 5.4 0 | TY-ST-ZIP | | | |
| 1017 | A CONTRACTOR OF THE PARTY OF TH | DELETE | 6.17 | ITLE | | Cha | nge 🔲 Addition |
| NAME | | | 6.2 N | IAME | | | |
| STREET ADDRESS | | | 6.3 S | TREET ADDRESS | | | |
| CHY S1-ZIP | 4 | | | ITY-ST-7IP | ated in Section 119.07/2Vi). Elocida Status | | |

4. 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 changed, or on an attachment with an address.

SIGNATURE:

HATURY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97 941-953-9101