PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90086 022 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000070557**1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

THE GOURMET MARKET, INC.

*							
Principal Place	of Business	Mailing Address		_		, 4 ,,,, ,8,,,, ,8,,,,,,,,,,,,,,,,,,,,,,,,	
1469 MAIN ST 1469 MAIN ST SARASOTA FL 34236 SARASOTA FL 34236 US US					DO NOT WRITE IN T	HIS SPACE	
·					 Date Incorporated or Qualified 08/21/1996 		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			65-0708299		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27					equired
City & State	· ,·	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	— · — —		8. This corporation owes the current year		□No
24	25	29 30	<u>) </u>		Personal Property Tax. 10. Name and Address of New Registe	☐ Yes	
	9. Name and Address of Current	Registered Agent	81	l Nama s	10. Name and Address of New Registe	ten Want	
MILE	CATELL INSTITE		"	I Name*	Tigethe Musicateli_		
MUSCATELL, JOETTE 2056 WOOD HOLLOW PL					Address (P.O. Box Number is Not Acceptable)		
l	ASOTA FL 34235		-		203 41" CT ZAST		
SARV	4501A FL 34235		83	5			
			84			85 Zip	Code
							243
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 ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute	s.		1	_
SIGNATURE	Joeth Musicatel	•			ō	2127199	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	<i>a</i>	ent signature re	ADDITIONS/CHANGES TO OFFICER:	E N CONTRACT	ODE IN 42
12.	OFFICERS AND		13.			S AND DIRECTO	Addition
TITLE	V	☐ DELETE	1.1 TITLE		Deveral Officera		
NAME	MUSCATELL, JOE		1.2 NAME		Joe Musicker		•
STREET ADDRESS	2056 WOOD HOLLOW PL			ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	M DELETE	1.4 CITY-	ST-ZIP	Garaseter Al BUDUB Vice President	Change Ch	Addition
TITLE	\$	DELETE 2.1 TI			Maria Spanders	M Change	
NAME	SPAUDLING, MARIE		2.2 NAME		7203 414 CT		İ
STREET ADDRESS	7203 41ST CT.		•	TADORESS			ļ
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-	ST-ZIP	Sevensore 71	Change	Addition
-TITLE			31,TTLE			Change	
NAME			3.2 NAME				1
STREET ADDRESS		!		T ADDRESS			
CITY-ST-ZIP		Consists	3.4. CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE				
NAME			4. 2 NAME				}
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change	(Addition
NAME			5.2 NAME		•	•	}
STREET ADDRESS				ET ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY-				- Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
efect andress			6.3 STREE	ET ADDRESS			1

6.4 CITY-ST-ZIP

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 cerporation 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, so on an attachment with an address, with all other like empowered.