

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000073572 (5)

1. Corporation Name

ROSIE'S MARKET AND DELI, INC.



Principal Place of Business

Mailing Address

362 PERIWINKLE WAY
SANIBEL FL 33957

362 PERIWINKLE WAY
SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/05/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0691176	
24 Country		30 Country		Applied For	
				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

10. Name and Address of New Registered Agent

FIOLA, LOUIS A
362 PERIWINKLE WAY
SANIBEL FL 33957

81 Name BARRY E SZUMLANSKI
82 Street Address (P.O. Box Number is Not Acceptable)
1487 Sandcastle Road
83
84 City SANIBEL FL 85 Zip Code 33957

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 to be 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P VP S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIOLA, LOUIS A.		1.2 NAME	BARRY E SZUMLANSKI	
STREET ADDRESS	8753 KESTREL CIRCLE		1.3 STREET ADDRESS	1487 Sandcastle Road	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZUMLANSKI, BARRY E		2.2 NAME		
STREET ADDRESS	362 PERIWINKLE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		2.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIOLA, CAROL A.		3.2 NAME		
STREET ADDRESS	8753 KESTREL CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912		3.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZUMLANSKI, MICHAEL A		4.2 NAME		
STREET ADDRESS	362 PERIWINKLE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 corporation, 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 in an attachment with an address.

SIGNATURE *[Signature]*

CR2E034 (10/97)