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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000081343 (1)

FRENCH DELI, INC.

Principal Place of Business

SIGNATURE:

13127 BUOY COURT HUDSON FL 34667				13127 BUOY COURT HUDSON FL 34867-1739								
								-	Date Incorporated or Qualified     10/01/1996	3a. D	ate of Last R	leport
2. Principal Place of Business				2a. Mailing Address					4, FEI Number		Ar	oplied For
21				26							X No	ot Applicable
Suite, Apt #, etc 22				Suite, Apt. #, etc.					5. Certificate of Status Desired			
City & State 23			[	City & State					6. Election Campaign Financing . \$5.00 May Be Trust Fund Contribution			
Zip Country				Zip Country					8. This corporation has liability for intangible tax under s. 199.032,			
24	25	1 1	2	9	ļ	30			Florida Statutes	Yes 1		. 199,032,
A	.g. Name an	d Address o	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	gistered Agen					10. Name and Address of New I			
AME	ERILAWYER C	HARTERED				81	Name					
343 ALMERIA AVENUE				82 Street Add			Addres	s (P.O. Box Number is Not Accept	ahlo)			
CORAL GABLES FL 33134					SI S			ridaios	Micos (i .c., pox radinos: la radi noceptable)			
						63						
						84	City			FL	85 Zip	Code
44 Pozenent	to the provision	e of Sactions	607 0502 an	d 607 1509 Flo	rida Statuto	e the abov	o namor	d corpor	ation submits this statement for the		•	lo registered
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.	Signature, typed or p	printed name of re	pistered agent and	litte if applicable	(NOTE:	Registered Ap	eni signalur	re required	when reinstating)	DATE		···
12.			ERS AND DI			13.			ADDITIONS/CHANGES TO OF		DIRECTOR	IS IN 12
TIFLE	PSTD	<del></del>	· · · · · · · · · · · · · · · · · ·		DELETE	1.1 TITLE		T			Change	Addition
NAME	CIGLIANO,					1.2 NAME						j
STREET ADDRESS	13127 BUO	Y COURT				1.3 STREE	T ADDRESS					
CHY-ST-ZIP	HUDSON FI	L 34667				1.4 CITY-	ST-ZIP					
TITLE					DELETE	2.1 TITLE					Change	Addition
NAME						2.2 NAME						
STREET ADDRESS						2.3 STREE	address		-			
City - St - ZiP						2. 4 CITY-	ST-ZIP					
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CITY - ST - ZIP	ļ				Dr. car	4.4 CITY -	ST-ZIP	<del></del>	<del>, , ,</del>		110	A diese:
THYLE				L	DELETE	5.1 TITLE					Change	Addition
NAME						5.2 NAME		1	3000021 -05/13/9701	758	63	
STREET AUDRESS						i i	T ADDRESS		-05/13/9701	0030	29	
CHY-ST-70P					DELETE	5.4 CITY -	ST - 71P		***165.00		Change	Addition
THILE				Ц	PILLIL	6.1 TITLE					CI CHRINGE	Part Modition
NAM!						6.2 NAME	F 1000000				п	م
STREET AUDRESS				6.3 SYREET A					05 5/7/97			
C-TY-ST-ZIP	by certify that th	e information	summined wit	h this filing doe	s not qualify	6.4 CiTY-		stated in	n Section 119.07(3)(i), Florida Statu	tee I furthe	r certify that	the
			'. '				*.	1 41 .	ry signature shall have the same to as required by Chapter 607, Fiorida			