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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000085755 (2)

	MENT # P9600 PACK FOOD CORP.	00085755 (2	2)		. hini (i)ii (i)ii (i)in kihi (i) (i)i
Principal Place	of Business	Mailing Address			H TONON BUNK SOBOT OND CUR SIR 1881
11401 PINE		4399 N.W. 64 AVENUE	i	}	
STE. 516 CORAL SPRINGS FL 33 PEMBROKE PINES FL 33026 US				DO NOT MOITE IN THE	D CDACE
				DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SERACE
Ç.				10/17/1996	
2. Principal Pt	ace of Business	2a. Mailing Address		4. FÉI Number	Applied For
21		26		65-0706732	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #. etc.		Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	•	City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
<b>23</b> Zip	Country	<b>  28</b>	Country		Added to Fees
24	25	29	30	<ol><li>This corporation owes or has paid the of Personal Property Tax due June 30.</li></ol>	Yes No
	g, Name and Address of Curre			10. Name and Address of New Registere	
office or re agent. I as SIGNATURE	egistered agent, or both, in the Stat in familiar with, and accept the oblid	to of Florida. Such change was gations of, Section 607.0505, Fl	tes, the above-named or authorized by the corpo lorida Statutes.	FATON  orporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the statement for the purpose ration's board of directors.	of changing its registered
	Signature, typed or profed name of mystered a		TE: Registered Agent algnature re-	· · · · · · · · · · · · · · · · · · ·	
12.	D OFFICERS AT	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
NAME	GRONAS, JOE E		12 NAME		
STREET ADDRESS	4399 N W 64 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 3306	7	1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	CORRADINO, JOHN F		2.2 NAME		
STREET ADDRESS	4399 N.W. 64 AVENUE	-	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 3306	DELETE	2.4 City-St-ZIP		Change Addition
TITLE NAME		ייי מנונונ	3.1 TITLE 3.2 NAME		E Change E Abdition
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZiP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME CIPIES ADDOCCO			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SY-ZIP TITLE	<del></del>	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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 chapted or or prehips them with an address.

**FILED** 

May 12 1998 8:00am

Secretary of State