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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000087694 (1)

1. Corporation Name
FOOD BAR, INC.

Principal Place of Business
5321 NE 26 AVE
FT LAUDERDALE FL 33308

Mailing Address
5321 NE 26 AVE
FT LAUDERDALE FL 33308-3307



2. Principal Place of Business	2a. Mailing Address
21 1441 NE 10th AV	26 1441 NE 10th AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 FT LAUDERDALE FL	28 FT LAUDERDALE FL
Zip	Zip
24 33304	29 33304
Country	Country
25	30

3. Date Incorporated or Qualified 10/22/1996	3a. Date of Last Report
4. FEI Number	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HENDERSON, MATTHEW K 5321 NE 26 AVE FT LAUDERDALE FL 33308		81 Name Henderson, Matthew K 82 Street Address (P.O. Box Number is Not Acceptable) 1441 NE 10th AV 83 84 FT LAUDERDALE FL 85 Zip Code 33304	

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 of 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 607.0503, Florida Statutes.

SIGNATURE *Matthew K Henderson* DATE 4/29/97
(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	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	M.P. MATTHEW K. HENDERSON
STREET ADDRESS		1.3 STREET ADDRESS	1441 NE 10th AV
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
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		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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, checked, or on an attachment with an address.

SIGNATURE: *Matthew K Henderson* DATE 4/29/97

CR2E034 (9/96)