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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997  DOCUMENT # P9600089734 (3) T AND S FOOD DISTRIBUTORS, INC.					
Principa-Place of Business Mailing Address					
2844 STIRLING RD 2844 STIRLING RD HOLLYWOOD FL 33020			20-1125		·
				3. Date Incorporated or Qualified 3 10/29/1996	a. Date of Last Report
ı	ace of Business	2a. Mailing Address		4. FEI Number 65-0707 465	Applied For
Suite, Apt +	W, etc.	Suite, Apt. #, etc	 		Not Applicable  \$8.75 Additional
2		27	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Fee Required
City & State 3	;	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for intar	
4]	[25]	29	30	Florida Statutes	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent
BROCCO, ANTHONY 2844 STIRLING RD HOLLYWOOD FL 33020			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83   84   City		85 Zip Code
			1 1 1		FL
SIGNATURE	Signature: typed or printed name of registered as OFFICERS At	pent and title if applicable ND DIRECTORS	(NOTE: Registered Agent signature requ	rporation submits this statement for the purpation's board of directors. I hereby accept the ured when reinstating)  ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTORS IN 12
DTLF	PD Weissman, Mitchel A	L DELETI	<b>I</b> ' ' '		Change Addition
NAME Street Audress	2844 STIRLING RD		1.2 NAME 1.3 STREET ADDRESS		
CITY - \$1 ZiP	HOLLYWOOD FL 33020		1.4 CiTY-ST-ZiP		
ILF	STD	☐ DELETI			☐ Change ☐ Addition
IAME	BROCCO, ANTHONY		2.2 NAME		
TREET ADDRESS	2844 STIRLING RD HOLLYWOOD FL 33020		2.3 STREET ADDRESS		
OTY-ST-ZIP TILE	HOLLITOOD IL GOVEO	DELET	2. 4 CITY - ST - ZIP E 3.1 TITLE		Change Addition
IAME			3.2 NAME		_ <b></b>
TREET ADDRESS			3.3 STREET ADDRESS		
DITY-Si-ZIP		<b>—</b>	3.4. CITY-ST-ZIP		
iltë		☐ DELET	1		Change L Addition
NAM!			4.2 NAME		
STREET AODRESS			4.3 STREET ADDRESS 4.4 DITY-ST-ZIP		
ITLF		☐ DELET			Change Addition
EAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
DITY-SI-7P			5.4 CITY-ST-ZIP		
TITLE		[] DELET	1		Change Addition
NAME			6 2 NAME		
STREE! ACORESS			6.3 STREET ADDRESS		
04Y-81-ZP   <b>14.</b>   do heret	by cerbfy that the information supplie	ed with this filing does not	6.4 CITY-ST-ZIP qualify for the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I	further certify that the
informatio Lam an of	n indicated on this amoual report or	supplemental annual report the receiver or trustee er	ort is true and accurate and the impowered to execute this repr	at my signature shall have the same legal eff ort as required by Chapter 607, Florida Statu	ect as if made under oath: tha

FILED Apr 29 1997 8:00am Secretary of State

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