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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000027617

1. Corporation Name

SJ COUNTRYSIDE FOOD INC.

| Principa! | Place | of Business | | | |
|-----------|-------|-------------|--|--|--|

SOCO CYDDESS DD #200.15

6950 CYPRESS RD #208-15

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90101 027 ***150.00



| PLANTATION FL 33317 | PLANTATION FL 33317 | | | DO NOT WRITE IN THIS SPACE | | |
|---|---------------------|---|---------|--|---------------------------------|--|
| | | | | Date Incorporated or Qualified 03/24/1997 | | |
| 2. Principal Place of Business | 2a. Mailing A | \ddress | | 4. FEI Number | Applied For | |
| 21 | 26 | | | 59-3486213 | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Ap | ot. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional —Fee Required | |
| City & State | City & St | late | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip Country 24 25 | Zip | Coun 30 | try | This corporation owes the current year Personal Property Tax. | Intangible ☐ Yes ☐ No | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | | |
| CHOMPOONICH, EDDY | | ٠, | 81 Name | • | | |
| 6326 GRAND BAHAMA CIRCLE | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| APT. G TAMPA FL 22615 | | Ī | 83 | | a property of the second | |
| TAMPA FL 33615 | | Ī | 84 City | - | 85 Zip Code | |

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, and accept the obligations of Section 607.0505. Elorida Statutes

| agent. i ai | m ramiliar with, and accept the obligations of, Section 607.0505, Florid | | | | | | | | | |
|--|--|--------------------|--|-------------------|------------|--|--|--|--|--|
| SIGNATURE | | 27 TO TO | | TÉ | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaking) DATE ONTE: Registered Agent signature required when reinstaking) DATE ONTE: Registered Agent signature required when reinstaking) | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICE | Change | Addition | | | | | |
| TITLE | PSD DELETE | 1,1 TITLE | | Change | L Addition | | | | | |
| NAME | PANG, ALEX | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 9 HIGHBRIDGE RD RICHMOND HILL | 1.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | ONTARIO CA L4B1Y | 1.4 CITY-ST-ZIP | | | | | | | | |
| 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 | | | l | | | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | ĺ | | | | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | | | | | | |
| TITLE | ☐ OELETE | 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 | | | | | |
| NAMÉ | | . 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | with the late and a small of with this filling does not suffice for the | 6.4 CITY-ST-ZIP | Section 119 07/3)(i) Florida Statutes I furt | CO II sa she site | <u> </u> | | | | | |

In war this ming uoes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the information of the same legal effect as if made under oath; that I am an eceiver or trusteelempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address with all other like empowered.

SIGNATURE:

APRIL 14, 99