FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90056 014 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000030540

1. Corpora ion Name

FOUR STAR FOOD DISTRIBUTORS, INC.

Principal Place	e of Business	Mailing Address				,
3500 PARK CENTRAL BLVD		3500 PARK CENTRAL BLVD N POMPANO BEACH FL 33064				
N POMPANO BEACH FL 33064		N POMPANO BEACH PE 10004			DO NOT WRITE IN THIS SPACE	
						3. Date Ir corporated or Qualifed 04/04/1997
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26			65-0768405 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certificate of Status Desired S8.75 Additional
22		27			5. Certificate of Status Desired Fee Required	
City & Srate		City & State		· <u>-</u>	6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip			Coun	itry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Current	Registered Agent		مما		10. Name and Address of New Registered Agent
¥ΛVI	E & ROGER, P.A.			81	Name	
6261 NW 6TH WAY				82	Street Acdr	ress (P.O. Box Number is Not Acceptable)
	E 103					
	AUDERDALE FL 33309			83		
rı u	AUDENDALE FE 33309			84	City	85 Zip Code
						FL The second
11. Pursuant to the provisions of Sc ctions 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 cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed na ne of registered agent		<u> </u>	Agent s	signature require	ed when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.			ADDITIC INS/CHANGES TO OFFICERS AND DIRECTOF S IN 12 Change Addition
TITLE	D DODEC TODO	□ DECE TE	1,1 TITI			
NAME	PORES, TODD		1.2 NA			
STREET ADDRE 3S 3500 PARK CENTRAL BLVD					DDRESS	
CITY-ST-ZIP	N POMPANO BEACH FL 33064		1.4 CIT		ZIP	☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITI			Citalige
NAME	NATALE, JOHN N JR		2.2 NA		ĺ	
STREET ADDRE 3S	3500 PARK CENTRAL BLVD		23 STF	REETA	DDRESS	
CITY-ST-ZIP	N POMPANO BEACH FL 33064		2, 4 CH		ZIP	Character D Addition
TITLE	D	☐ DELETE	3.1 TITI	LE		☐ Change ☐ Addition
NAME	ALLEN, DANIEL		3 2 NA			
STREET ADDRESS	3500 PARK CENTRAL BLVD		3.3 STF	REETA	DORESS	
CITY-ST-ZIP	N POMPANO BEACH FL 33064		3.4. CIT		ZIP	
TITLE	D	☐ DELETE	4.1 TITI	LE		Change Addition
NAME	LARATRO, TOM		4. 2 NA	ME		
STREET ADDRESS	3500 PARK CENTRAL BLVD		4.3 STF	REET A	DORESS	
CITY-ST-ZIP	N POMPANO BEACH FL 33064		4 4 CIT		ZIP	
TITLE		☐ DELETE	5.1 TIT			☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRE 3S			5.3 STF	REETA	DDRESS	
CITY-ST-ZIP			5.4 CIT		ZIP	
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME			6.2 NA	ME		

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP