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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700033508 (7)

SUNNYSIDE PLAZA DELI, INC.

## FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
1207 BOWMAN STREET 1207 BOWMAN STREET CLERMONT FL 34711 CLERMONT FL 34711						
GLERMONT PL 34/11		CLERMONT FL 34711				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						04/14/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21		26				59-3459738 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Zıp	Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Properly Tax due June 30. 🔲 Yes 🔀 No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
	Joseph, Allan J Esq.			81	Name	
5314 PEBBLE BEACH DRIVE				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
OR	LANDO FL 32811					
				83		
				B4	City	<b>■■ 85</b> Zip Code
					•	<b> </b>
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Stat	utes.	ine corpo	rations board or directors. I hereby accept the appointment as registered
SIGNATURE						
Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required who						
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD OFFICE OFFI	DELETE	1.1 TITLE			Change Addition
NAME	ASST LIAGOON PURGE OF		1.2 NA	-	- 1	
STREET ADDRESS	CLEDMONT EL 04244		1.3 ST	REET A	DDRESS	
CITY-ST-ZIP	CLERMONT FL 34711 VD	T DUICTE	1.4 CITY - S		- ZIP	
TITLE	•	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	CHEPLICK, DENNIS R				ŀ	
STREET ADDRESS	125 HOLLYHOCK COURT	•	1		DDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	Decere	2.40		- ZIP	
TITLE	D Stockou allan i	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	SJOSEPH, ALLAN J		3.2 NA		1	
STREET ADDRESS	ADI ANDO EL 20044				DDRESS	i
CITY-ST-ZIP	ORLANDO FL 32811	DELETE	3.4. CI		-ZIP	
TITLE	MADOINI OENO LOD	☐ DELETE	4.1 111			Change Addition
NAME	NARDINI, GENO J SR 9807 HASSON RIDHE ROAD		4.2 NA			
STREET ADORESS			4.3 ST	REET A	DDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	Delete	4.4 City-St-		ZIP	
TITLE	SD DENICE M	☐ DELETE	5.1 TITLE			Change Addition
NAME	JOSEPH, DENISE M		5.2 NA			
STREET ADDRESS	5314 PEBBLE BEACH DRIVE		5.3 \$11	REET A	DORESS	
CITY-ST-ZIP	ORLANDO FL 32811	I pri rve	5.4 CITY - ST		ZIP	
TITLE		☐ DELETÉ	6.1 TIT			☐ Change ☐ Addition
NAME			6.2 NAI			
STREET ADDRESS			6.3 STF	REET AI	DDRESS	}
CITY-ST-ZIP			6.4 CIT	Y-ST-	ZIP	

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.

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