

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90125 009 ***150.00

DOCUMENT # **P97000033508**

1. Corporation Name

SUNNYSIDE PLAZA DELI, INC.

Principal Place of Business

**1207 BOWMAN STREET
CLERMONT FL 34711**

Mailing Address

**1207 BOWMAN STREET
CLERMONT FL 34711**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

59-3459738

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

27

Zip Country

29

30

9. Name and Address of Current Registered Agent

**JOSEPH, ALLAN J ESQ.
5314 PEBBLE BEACH DRIVE
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

81 Name

JOSEPH ALLAN J. GSA

82 Street Address (P.O. Box Number is Not Acceptable)

10229 SPRING MOSS AVE.

83

84 City

CLERMONT

FL

85 Zip Code

34711

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **CHEPLICK, GENA M**
STREET ADDRESS **9807 HASSON RIDGE RD**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VD** ☐ DELETE
NAME **CHEPLICK, DENNIS R**
STREET ADDRESS **125 HOLLYHOCK COURT**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **D** ☐ DELETE
NAME **HJOSEPH, ALLAN J**
STREET ADDRESS **5314 PEBBLE BEACH DR**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **TD** ☐ DELETE
NAME **NARDINI, GENO J SR**
STREET ADDRESS **9807 HASSON RIDGE ROAD**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **SD** ☐ DELETE
NAME **JOSEPH, DENISE M**
STREET ADDRESS **5314 PEBBLE BEACH DRIVE**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

GENA M. CHEPLICK P.D.

3/31/99

352-242-1264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)