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 # P9700034827 (0)

GOURMET SELECTIONS, INC.

Principal Place of Business Mailing Address 6340 118TH AVENUE, NORTH 6340 118TH AVENUE, NORTH LARGO FL 34643 **LARGO FL 34643** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-34401 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & Stato City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Z_{1D} Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANNAS, STEVE J 6340 118TH AVENUE, NORTH Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 34643** 63 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pontest name of registered agent and the F applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE Change 1.1 HILE TITLE ANNAS, STEVE J 1.2 NAME NAME **766 ELDORADO AVENUE** STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34630** 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 21 111LF THLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 3.1 TIME TITLE NAME 3.2 NAME STHEET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Channe Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CFLY - ST - ZIP CHTY-ST-7/P DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

They a favor

6-21-98

FILED

Sep 02 1998 8:00am

Secretary of State