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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P97000044753

DIP N' DELI, INC.	
Principal Place of Business	Mailing Address
30739 OVERSEAS HWY BIG PINE KEY FL 33043	30739 OVERSEAS HWY BIG PINE KEY FL 33043
2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

**FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90003 030 \*\*\*150.00



30739 OVERSEAS HWY BIG PINE KEY FL 33043			DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed 05/20/1997
2a. Mailing Address			4. FEI Number . Applied For
26			65-0754764 Not Applicat
Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required
City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees
_ Zip	Count	гу	8 This corporation owes the current year Intangible
29 3	10		Personal Property Tax.  Yes No
urrent Registered Agent			10. Name and Address of New Registered Agent
	8	l	Name
	8	32	Street Address (P.O. Box Number is Not Acceptable)
	8	3	
	8	34	City FL 85 Zip Code
	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Count 29 urrent Registered Agent	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE								
12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PSD DELETE	1.1 TITLE	☐ Change ☐ Addition	n					
NAME	UPSHAW, LISA	1.2 NAME							
STREET ADDRESS	30739 OVERSEAS HWY	.1.3 STREET ADDRESS		ł					
C/TY-ST-ZIP	BIG PINE KEY FL 33043	1.4 CITY-ST-ZIP		4					
TITLE	VTD DELETE	2.1 Π₹LE	☐ Change ☐ Addition	u)					
NAME	UPSHAW, TYLER	2.2 NAME		1					
STREET ADDRESS	30739 OVERSEAS HWY	2.3 STREET ADDRESS							
CITY-ST-ZIP	BIG PINE KEY FL 33043	2.4 CITY-ST-ZIP		4					
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	n					
NAME		3.2 NAME							
STREET ADDRESS	•	3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP		_					
TITLE	☐ DELETE	4,1 TITLÉ	☐ Change ☐ Addition	ภ					
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS		}					
CITY-ST-ZIP	·	4.4 CITY-ST-ZIP		4					
TITLE	. DELETE	5.1 TITLE	☐ Change ☐ Addition	n					
NAME		5.2 NAME	•	ļ					
STREET ADDRESS		5.3 STREET ADDRESS		- {					
CITY-ST-ZIP		5.4 CITY-\$T-ZIP		_					
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Additio	n }					
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-ZIP		6.4 CITY-ST-ZIP	O Control of Control o						

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.