## 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 # P97000046330

1. Corporation Name

EASTEND DELI, INC.

Principal Place of Business Mailing Address						f 1001100t ten talle ikute suter an			(11)1 4411 1441
359 Periwinkli Sanibel FL 33:		359 PERIWINKLE WAY SAMBEL FL 33957				ĐO NOT WRI	ΓΕ IN <b>T</b> H	IS SPACE	
						3. Date Incorporated or Qualifed		•	
						05/22/1997			
2. Principal Pl	ace of Business	2a. Mailing Address	3			4. FEI Number			olied For
21		26				65-0757879		<del></del>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> Ar	
City & State		City & State				6. Election Campaign Financing		\$5.00 ١	May Be
23		28	28			Trust Fund Contribution Added to Fees			
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25	29	29 30			Personal Property Tax. Yes No			
	9. Name and Address of Curren	nt Registered Agent		04		10. Name and Address of New F	legistere	d Agent	
MID	TV TIMOTUV I			81 Name,	Joi	HN CASTALDO			
	TY, TIMOTHY J : Periwinkle Way, STE. A		82 Stree			s (P.O. Box Number is Not Accepta	able)		_
	BEL FL 33957			83	1760	RUL HELENE			
SAN	IDEE I E 33937			63					
	•			84 City	=	); BEL	F	L 85 Zip C	ode
44 5	to the provisions of Sections 607.050	22 d 607 4509 Florido	Cintutes the a	hove named	COURSE	ation submits this statement for the	DUITDOEA	of changing its	registered
<ol> <li>Pursuant office or n</li> </ol>	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change	was authorized	by the corp	oration	's board of directors. I hereby accep	t the app	ointment as reg	jistered
agent. I a	m familiar with, and accept the obliga	ationa of, Section 607.050	05, Florida Stat	utės.					
SIGNATURE	X Salm l'as	lall	(NOTE: Registered	Acont constice	cognized v	when reinstation)	4/-//- DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	(NOTE: Registered	Agent Synature	required v	ADDITIONS/CHANGES TO OF			RS IN 12
TITLE	DP STREET	DELI	TE 1.1 TI	TLE	T			☐ Change	Addition
NAME	CASTALDO, JOHN E		1.2 N	AME					Ì
STREET ADDRESS	4760 RUE HELENE		1.3 \$	REET ADDRESS	3				
CITY-ST-ZIP	SANIBEL FL 33957		1.4 C	TY-ST-ZIP				- 12-	
TITLE	DST	☐ DELI	ETE 2.1 TI	TLE				☐ Change	☐ Addition
NAME	CASTALDO, LAURIE A		2.2 N	ME					
STREET ADDRESS	4760 RUE HELENE		2.3 \$	TREET ADDRESS	3				
CITY-ST-ZIP	-SANIBEL FL 33957	=	2.40	TTY-ST-ZIP		to the property of the State of	: .		
TITLE		☐ DELI	ETE 3.1 TI	TLE				☐ Change	☐ Addition \
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET ADDRESS	8				
CITY-ST-ZIP	·		$\overline{}$	ITY-ST-ZIP	<del></del>	-410-11		Channa	☐ Addition
TITLE		☐ DEL	2			•		☐ Change	
NAME			4.21			,			
STREET ADDRESS			j	TREET ADDRESS	3				ļ
CITY-ST-ZIP		□ pri		TY-ST-ZIP				Change	[ ] Addition
TITLE		☐ DEL	ETE 5.1 TI 5.2 N						
NAME				TREET ADDRESS					
STREET ADDRESS				TY-ST-ZIP	1				
CITY-ST-ZIP		□ DEL						Change	Addition
TITLE		□ ner	6.2 N					ن مورساد ب	
NAME				TREET ADORESS					{
STREET ADDRESS	[		0.3 3		- 1				1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90144 020 \*\*\*150.00