

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

**FILED**  
**Jun 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**  
 1. Corporation Name  
**Gourmet Deli, Inc.**  
**PA70000047397**

Principal Place of Business <b>2955 W Bay Dr</b> <b>Belleair Bluffs</b> <b>FL 33770</b>	Mailing Address <b>19941 Gulf Blvd</b> <b>Ind. Shore, FL</b> <b>33785</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input type="checkbox"/> No

21. Principal Place of Business	26. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**Vincent F Cipolla, Sr**  
**1660 Gulf Blvd #806**  
**Clearwater, FL 34630**  
**33767**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code
<b>FL</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.

**SIGNATURE**  
 Signature: typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD V F Cipolla	<input type="checkbox"/> DELETE
NAME	1660 Gulf Blvd	
STREET ADDRESS	Clearwater 34630	
CITY - ST - ZIP		
TITLE	ST DR RE Cipolla	<input type="checkbox"/> DELETE
NAME	1660 Gulf Blvd	
STREET ADDRESS	Clearwater 34630	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	<b>500002551225</b>
24. CITY - ST - ZIP	<b>-06/08/98--01080--006</b>
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<b>***150.00</b>
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - 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.

**SIGNATURE** *Vincent F. Cipolla Sr* **VINCENT F. CIPOLLA SR** **4-30-98** **813**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **584-2076**