## 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

## DOCUMENT # P97000057919

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## Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90111 021 \*\*\*150.00

<ol> <li>Corporation</li> </ol>					
FOOD DISPLAY CONCEPTS, INC.					
					ARIBI BULU (1111) (1111) (1111) (1111 (1111) (
Principal Place of Business Mailing Address					
7231 SOUTHWE	ST 137TH COURT	POST OFFICE BOX 832276			
MIAMI FL 33183 MIAMI FL 33283-2276				DO MOT MOITE IN T	THE CDACE
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed 07/02/1997	Į.
				4. FEI Number	Applied For
	lace of Business TWIN LAKES PL	2a. Mailing Address		65-0764679	Not Applicable
21 <b>56/0</b> Suite, Apt.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		\$8.75 Additional
				5. Certificate of Status Desired	Fee Required -
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 SOUTH HIAMI FL		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	ır Intangible
24 33 1		29 3	0	Personal Property Tax.	∐Yes MaNo
24	9. Name and Address of Current			10. Name and Address of New Registe	red Agent
			81 Name		
	CK, RUSSELL		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
7231-SW-137-COURT -				TWIN LAKES DRIVE	
MIAMI FL 33183 - 8					
)			21 21	, ,	85 Zip Code .
			84 City S	OUTH MIAMIN CONTRACTOR	FL 85 Zip Code 33 J 43
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above-named c	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	horized by the corpor	ation's board of directors. I hereby accept the a	ppointment as registered
	m familiar with, and accept the obligation		a State 155.		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	Registered Agent signature rec	guired when reinstating) DAT	E
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLOCK, RUSSELL D		1.2 NAME	34	15
STREET ADDRESS 7231 SOUTHWEST 137TH COURT			13 STREET ADDRESS SOID TWIN LAKES DRIVE		
CITY-ST-ZIP	-MIAMI FL 33183		1.4 CITY-ST-ZIP	SOUTH MIAMI FL	33143
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
-STREET ADDRESS	جالواليا بالمحسطات بخفلا يخلق م	المنظام المنظم المن المنظم المنظم المنظ	2.3 STREET ADDRESS	The state of the s	
CITY-ST-ZIP		- ,	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		-
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	·	.
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	1		5.4 CITY+ST+ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	}		6.2 NAME		
etdeet annoese			6.3 STREET ADDRESS		-

6.4 CITY-ST-ZIP 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 all address, with all other like empowered. 305 6690827

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

3/29/99