## 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 # P9700063100 (6)

C & N FOODS, INC.

Principal Place of Business Mailing Address

4532 THIRD AVE EAST 4532 THIRD AVE EAST

6RADENTON FL \$4208 BRADENTON FL 34208

## FILED May 01 1998 8:00am Secretary of State



|                       |  |  |                |                    |                   |                           | 07/22/1997   |                  |               |  |
|-----------------------|--|--|----------------|--------------------|-------------------|---------------------------|--|------------------|---------------|--|
| 2. Principal Pi       | ace of Business  | 2a. Mailing Address                    |                |                    |                   | 4.                        | FEI Number   | A                | pplied For    |  |
| 21                    |  | 26                                     |                |                    |                   |                           | 68-0769444   | N                | ot Applicable |  |
| Suite, Apt. i         | #, etc.  | Suite, Apt. #, etc.                    |                |                    |                   | 5.                        | Certificate of Status Desired  |                  | Additional    |  |
| 22                    |  | 27                                     |                |                    |                   |                           |  | <del></del>      | equired       |  |
| City & State          | •  | City & State                           |                |                    |                   | 6.                        | Election Campaign Financing  |                  | May Be        |  |
| <b>23</b> Zip         | Country  | Zip Country                            |                |                    |                   | Trust Fund Contribution L |  | to Fees          |               |  |
| 24                    | 25   | 29                                     | 30             | iiii y             |                   | B.                        | This corporation owes or has paid the Personal Property Tax due June 30. |                  | No No         |  |
| 24                    | 9, Name and Address of Curren  |  | 130            |                    | ,                 | 10.                       | Name and Address of New Register   |                  |               |  |
| Ata                   | ERILAWYER CHARTERED  |  |                | 61                 | Name              |                           |  |                  |               |  |
| 343 ALMERIA AVENUE    |  |  |                |                    |                   |                           |  |                  |               |  |
| CORAL GABLES FL 33134 |  |  |                | 82 Street Add      |                   |                           | P.O. Box Number is Not Acceptable)                                       |                  | 1             |  |
| CO                    | HAL CIABLES PE 33134   |  |                | 83                 |                   |                           |  |                  |               |  |
| ı                     |  |  |                |                    |                   |                           |  |                  |               |  |
| I                     |  |  |                | 84                 | City              |                           |  | FL 85 Zip        | Code          |  |
| 11. Pursuant t        | o the provisions of Sections 607.050   | 2 and 607.1508, Florida Statu          | tes, the at    | bove               | -named cor        | orporatio                 | on submits this statement for the purpo                                  | se of changing i | ts registered |  |
| office or re          | egistered agent, or both, in the State<br>in familiar with, and accept the obliga  | of Florida. Such change was            | authorize      | d by               | the corpora       | ration's t                | board of directors. I hereby accept the                                  | appointment as   | registered    |  |
|                       | The state of the s |  |                | ucoo               |                   |                           |  |                  |               |  |
| SIGNATURE             | Signature, typed or printed name of registered age   | nt and title if applicable (NO         | E: Registered  | d Ager             | nt signature requ | quired when               | n reinstating) Di  | ATE              |               |  |
| 12.                   | OFFICERS AND   |  | 13.            |                    |                   |                           | ADDITIONS/CHANGES TO OFFICERS  |                  |               |  |
| TITLE                 | PD   | ☐ DELETE                               | 1.1 T)         | TLE                |                   |                           |  | Change           | ☐ Addition    |  |
| NAME                  | POLLACK, NEIL A  |  | 1.2 N/         | AME                |                   |                           |  |                  | ļ             |  |
| STREET ADDRESS        | 4532 THIRD AVE EAST  |  | 1.3 ST         |                    | ADDRESS           |                           |  |                  |               |  |
| CITY-ST-ZIP           | BRADENTON FL 34208   |  | 1.4 CI         | TY-51              | - ZIP             |                           |  |                  |               |  |
| TITLE                 | STD  | ☐ DELETÉ                               | 2.1 111        | TLE                | 1                 |                           |  | Change           | Addition      |  |
| NAME                  |  |  | 2.2 NA         | 2.2 NAME           |                   |                           |  |                  |               |  |
| STREET ADDRESS        | 4532 THIRD AVE EAST  |  | 2.3 ST         | 2.3 STREET ADDRESS |                   |                           |  |                  |               |  |
| CITY-ST-ZIP           | BRADENTON FL 34208   |  | 2.4 C          | 2. 4 CITY-ST-ZIP   |                   |                           |  |                  |               |  |
| TITLE                 |  | ☐ DELETE                               | DELETE 3.1 TIT |                    | - 1               |                           |  | L Change         | Addition      |  |
| NAME                  |  | 3.2                                    |                | 3.2 NAME           |                   |                           |  |                  |               |  |
| STREET ADDRESS        |  |  | 3.3 ST         | REET /             | address           |                           |  |                  |               |  |
| CITY+ST-ZIP           |  |  |                | 3.4. CITY-ST-ZIP   |                   |                           |  |                  | T-1           |  |
| TITLE                 |  | ☐ DELET <b>E</b>                       | 4.1 TO         | TLE                |                   |                           |  | L. Change        | Addition      |  |
| NAME                  |  |  | 4. 2 N         | AME                |                   |                           |  |                  |               |  |
| STREET ADDRESS        |  |  | 4.3 ST         | REET               | ADDRESS           |                           |  |                  |               |  |
| CITY-ST-ZIP           |  |  | 4.4 CI         |                    | - ZIP             |                           |  |                  |               |  |
| TITLE                 |  | ☐ DELET <b>E</b>                       | 5.1 Til        |                    |                   |                           |  | Change           | Addition      |  |
| NAME                  |  |  | 5.2 N/         |                    |                   |                           |  |                  |               |  |
| STREET ADDRESS        |  |  | 5.3 ST         | REET A             | address           |                           |  |                  |               |  |
| CITY-ST-ZIP           |  | —————————————————————————————————————— | 5.4 CI         |                    | - ZIP             |                           |  |                  | 1 A 400:      |  |
| TITLE                 |  | ☐ DELETE                               | 6.1 TJT        |                    |                   |                           |  | Change           | Addition      |  |
| NAME                  |  |  | 6.2 NA         |                    |                   |                           |  |                  |               |  |
| STREET ADDRESS        |  |  | 63 ST          | REET /             | ADDRESS           |                           |  |                  | )             |  |
| CITY-ST-ZIP           |  |  | 6.4 CI         | TY~\$1             | - 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.

CIONATURE, SA 'OA SA OD.

4/23/98 941-730-461