## 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 # P9700063613

1. Corporation Name

SUNSET GOURMET PRODUCTS, INC.

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90280 048 \*\*\*150.00



Principal Plac	e of Business	Mailing Address								
			CORAL RIDGE DR.							
CORAL SPRING	GS FL 33071	CORAL SPRINGS	FL 33071			DO NOT WRITE	IN THIS SPAC	<b>:</b>		
		ستنسيب السنار الرساء المست				3 - Date Incorporated or Qualifed				
						07/22/1997				
2. Principal P	Place of Business	2a. Mailing Addr	9SS			4. FEI Number		App	lied For	
21		26				65-0769619		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.				_ <b>\$8</b> .	75 A	dditional	
27						5. Certifcate of Status Desired	F	ee Rec	quired	
City & State City & State					_	6. Election Campaign Financing	¬ \$5	00.	May Be	
23 28						Trust Fund Contribution	A	Added to Fees		
Zip	Country	Zip	Zip Country			8. This corporation owes the current				
24	25	29	30			Personal Property Tax.		<u> </u>	□ No	
	<ol><li>Name and Address of Cur</li></ol>	rrent Registered Agent				10. Name and Address of New Reg	istered Agent			
				81	Name					
MORGAN, RICHARD ESQ					Street Add	ress (P.O. Box Number is Not Acceptable	9)			
200 SOUTH BISCAYNE BOULEVARD				82			·			
MIAMI FL 33131				83						
				84	City		85	Zip C	ode	
				"	City		FL   "		_	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the ob-	ate of Florida. Such chans	ae was authoriz	zea nv	the comorati	poration submits this statement for the pu ion's board of directors. I hereby accept t	he appointment	as reg	istered	
SIGNATURE			MOTE: D. sleet	6	d almost on manyin	ed when reinstating)	DATE			
	Signature, typed or printed name of registered	AND DIRECTORS		3.	nt signature reduir	ADDITIONS/CHANGES TO OFFIC		ECTOR	RS IN 12	
TITLE	P			1 TITLE		ADDITIONS/OFFAINGES TO CITY			Addition	
	MOLDER, HOWARD			2 NAME				-		
NAME		#102	1		TADORESS					
STREET ADDRESS		#, 103		4 CITY-S	1					
CITY-ST-ZIP TITLE	CORAL SPRINGS FL 33065			1 TITLE	1-2119			ange	Addition	
	VP			2 NAME			_	•	_	
NAME	ZITO, JEFFREY	MD #404	I -		T ADDRESS					
STREET ADDRESS	,				1					
CITY-ST-ZIP	HIGHLAND BEACH FL 3348			4 CITY-5 1 TITLE	51-ZIP			ange	Addition	
TITLE				2 NAME	\			<b>.</b>		
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STREET ADDRESS			1 "		TADDRESS					
CITY-ST-ZIP				4. CITY-8 1 TITLE	ir-ZIP			ange	Addition	
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NAME				2 NAME						
STREET ADDRESS					TADDRESS					
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NAME							,			
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP	·			4 CITY-S	T-ZIP				□ Addition	
TITLE	The state of the state of	□ D		1 TITLE			□ CI	ange	☐ Addition	
NAME				2 NAME						
STREET ADDRESS		•	6.	3 STREE	TADDRESS					

14. Thereby 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.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR