PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000064191

1. Corporation Name

FOOD C	OHP. CONSU	LIING GROUP	, INC	,.								
Principal Place	e of Business		м	ailing Address						BAN BUNN BUNU I	JANIA BARRI ARRIGI	3 \$ B 3\$
335 11TH STREET 335 11TH STREET												
ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233												
									DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualifed	J		. }
									07/23/1997			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		<u></u>	plied For t Applicable
21				Suite, Apt, #, etc.					59-3466331		-\$8.75 A	
Suite, Apt. #, etc.				27					5. Certifcate of Status Desired		Fee Red	
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be
23				28					Trust Fund Contribution		Added to	
Zip Country			+=-	Zip Cou					8. This corporation owes the cu	rrent year Int	angible	
24	25			29 30					Personal Property Tax.	•		□No
		Address of Current							10. Name and Address of New	Registered .	Agent	
						81	Nam	е				
PARTOW, RAMIN						82 Street Add			ss (P.O. Box Number is Not Accep	table)		
335 11TH STREET ATLANTIC BEACH FL 32233												
ATL/			83									
						84 C					85 Zip C	ode
										FL	. [
office or r	edistered agent of	r hoth in the State c	f Flori	607.1508, Florida Statute da. Such change was au , Section 607.0505, Flor	uthorized	l by i	the cor	d corpor poration	ration submits this statement for the 's board of directors. I hereby acce	e purpose of pt the appoin	changing its a atment as rec	registered gistered
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE:						Registered Agent signature required				DATE	D DIRECTO	DC IN 12
12.				D DIRECTORS		13. 1.1 TITLE		1	ADDITIONS/CHANGES TO O	FFICERS AN	Change	Addition
TITLE	D DADADI TADZ	78.1		□ bete≀e								
NAME	DARABI, FARZIN						1.2 NAME 1.3 STREET ADDRESS					}
STREET ADDRESS								۱"				
CITY-ST-ZIP	D ATLANTIC BEACH FL 32233			☐ DELETE		1.4 CITY-ST-ZIP 2.1 TITLE					Change	Addition
NAME	(-	AIN			2.2 N						_ ,	_
STREET ADDRESS							2.3 STREET ADDRESS					
CITY-ST-ZIP	177 MATIC OCTON EL 00000			1			2.4 CITY-ST-ZIP			• • • •		"
TITLE	ATEANTIO BEACHTE SEESS			☐ DELETE		3.1 TITLE					☐ Change	☐ Addition
NAME					3.2 N	AME						1
STREET ADDRESS	1				3.3 S	TREET	ADDRES	s				
CITY-ST-ZIP					1	πγ∙s						
TITLE				☐ DELETE 4.1			4.1 TITLE				Change	☐ Addition
NAME					4.2 N	AME						
STREET ADDRESS					4.3 S	TREET	ADDRES	s				
CITY-ST-ZIP					4.4 C	TY-\$1	T-ZIP					
TITLE				☐ DELETE	5.1 T	TLE					Change	☐ Addition
NAME:					5.2 N	AME						
STREET ADDRESS					5.3 S	TREET	ADDRES	s				
CITY-ST-ZIP						TY-\$1	T-ZIP					
TITLE				☐ DELETE	6.1 TI						☐ Change	☐ Addition
	I				62 N	AME		1				J

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 of the receiver or trustee empowered to effect this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90033 023 ***150.00