

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT STATE
Sandra B. Moyle
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000074045 (0)
1. Corporation Name

FIFTH AVENUE DELI & BAKERY, INC.

Principal Place of Business

Mailing Address

467 5TH AVE S
NAPLES FL 34102

467 5TH AVE S
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

65-0776296-6
? 086-56-3287

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

Yes ☒ No ☐

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PALERMO, PETER
467 5TH AVE S
NAPLES FL 34102

10. Name and Address of New Registered Agent

Name

8000002646778

Street Address (P.O. Box Number is Not Acceptable)

***150.00

City

FL

85

Zip Code

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

(NOTE: Registered agent signature required when reinstating)

DATE

7/12/98

12. OFFICERS AND DIRECTORS

TITLE

D
NAME
PALERMO, PETER
STREET ADDRESS
467 5TH AVE S
CITY-STATE-ZIP
NAPLES FL 34102

DELETE

TITLE
D
NAME
SOMMER, CHRISTIAN P
STREET ADDRESS
467 5TH AVE S
CITY-STATE-ZIP
NAPLES FL 34102

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

Change ☐ Addition ☐

1.2 NAME

same

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

Secretary

Change ☐ Addition ☐

2.2 NAME

same

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

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Change ☐ Addition ☐

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND OFFICE OF REGISTERED AGENT

President 8/07/98

CR2E034 (5/98)