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

FILED Apr 20 1998 8:00am Secretary of State

JOE'S WORLD DELI-EAST GATE, INC.									
UOL 0	TOTILU	PELIENDI GAIL	2, II 4 0-				A MARIARA NIA MANA MANA BENNI BRINI BANK ARIAH ARIAH ARIAH	11 111 1111 111	EE IIII IEE
Principal Plac	a of Busines	:0	Mailing Addre	Mailing Address					
481 WEST JOHN SIMS PARKWAY				481 WEST JOHN SIMS PARKWAY					
VALPARAISO FL \$2580				VALPARAISO FL 32580					
							DO NOT WRITE IN THIS SE 3. Date Incorporated or Qualified	AUE.	
							09/22/1997		
—	2. Principal Place of Business			2a. Mailing Address			4. FEI Number	Ar	plied For
Suite, Apt. #, etc.			26 Suite Ant	Suite, Apt. #, etc.			59-3467171		t Applicable
22			<u></u> ⊢¬ ·	27			6. Certificate of Status Desired	\$8.75 / Fee Re	
City & Sta	le			City & State			6. Election Campaign Financing	\$5.00	·· · ····
23			28				Trust Fund Contribution Added to Fees		
Zip 24	Country 29		Zip	Zip Country		′	8. This corporation owes or has paid the curre		
24	9. Name and Address of Current Re			13 t	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent] No	
CARTENUTO, JOSEPH C						Name		,	
113	3 EDGE AV	ENUE				Street Add	Address (P.O. Box Number is Not Acceptable)		
NK	CEVILLE FL	32578							
					83				
					84	City	FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was auti						e-named cor		hanging it	s registered
office or agent. I a	regi ste red ag ım fam iliar w	gent, or both, in the St ith, and accept the ob	ate of Florida. Such ch digations of, Section 60	ange was aul 07.05 0 5, Florid	thorized by da Statutes	r the corpora s.	ation's board of directors. I hereby accept the appoi	ntment as	registered
SIGNATURE Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	Signature, typed		AND DIRECTORS	(NOTE: F	Registered Age	nt signature requ	ADDITIONS/CHANGES TO OFFICERS AND [DIRECTOR	S IN 12
TITLE	DELETE DELETE			DELETE	1.1 TITLE			Change	Addition
NAME		IUTO, JOSEPH C		12					
STREET ADDRESS	ANOCHRIC CLASSES					ADDRESS			
CITY-ST-ZIP TITLE	D	LE FL 323/8		DELETE	1.4 City-S 2.1 Title	T-ZIP		7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME	BREWER, GORDON		<u> </u>	22		ľ	L	Change	☐ Addition
STREET ADDRESS		W COURT				ADDRESS			1
CITY-ST-ZIP	NICEVIL	LE FL 32578		2,4		ST - ZIP			
TITLE	☐ DELETE			DEL ETE	3.1 TITLE			Change	Addition
NAME	!				3.2 NAME				
STREET ADDRESS					3.3 STREET				
CITY-ST-ZIP TITLE				DELETÉ	3.4. CITY - S 4.1 TITLE	11-ZIP		Change	Addition
NAME			_		4. 2 NAME		_		
STREET ADDRESS	•				4.3 STREET	ADDRESS			
CITY-ST-ZIP				n.e. ese	4.4 CITY-S	T-ZIP			
TITLE			L	DELETÉ	5.1 TITLE		L	_] Change	☐ Addition
NAME STREET ADDRESS					5.2 NAME 5.3 STREET	4DDBEGG			
CITY-ST-ZIP				į	5.4 CITY - ST				
TITLE		···		DELETE	6.1 TITLE			Change	Addition
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREET	- 1			
CITY-ST-ZIP	and the district				6.4 CITY - ST	- ZIP			

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.