FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999 .

1. Corporation Name

DOCUMENT # P97000084770



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90184 034 ***150.00

LOX, ST	OCK & DELI, INC.							
Principal Place	e of Business	Mailing Address					, 1810) BEBSI (BBC)	19611 9511 1661
11256 JASMINE HILL CIRCLE BOCA RATON FL 33498 11256 JASMINE HILL CIRCLE BOCA RATON FL 33498						. DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						10/01/1997		
2. Principal Place of Business 2a. Mailing			S			4. FEI Number	<u> </u>	plied For
21		26				65-0784926		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	<u> </u>			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	, ,
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zip		ountry		8. This corporation owes the current year In	tangible	No
24	25	29	30			Personal Property Tax.		IQ NO
	9. Name and Address of Current	Registered Agent		81	Maria	10. Name and Address of New Registered	Agent	
pnc	EIT, RICHARD H							
3111 STIRLING ROAD				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
FOR	IT LAUDERDALE FL 33312			83				
				84	City		85 Zip (Code
					-	FL	-	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change ions of, Section 607.056	was authorize 05, Florida Sta	ed by atutes	the corporation.	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	intment as re	gistered
	Signature, typed or printed name of registered agen				t signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DPS IN 12
12.	OFFICERS AN	D DIRECTORS	13 ETE 41	TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D CANDY	[] 500						
NAME	ZELDMAN, RANDY			NAME				
STREET ADDRESS	, , _ , , , , , , , , , , , , , , , , ,				ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33498	☐ DELI		CITY-S	T-ZìP		☐ Change	Addition
TITLE				TITLE			onlango	
NAME				NAME				J
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELI		CITY+S	1-21P		☐ Change	Addition
TITLE				TITLE			C1 ouguge	Direction
NAME				NAME				i
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELI		CITY-S	IT-ZIP		Change	Addition
TITLE	{			TITLE			[_] orlange	
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP		☐ Change	☐ Addition
TITLE		☐ DELI		TITLE NAME				C Addition
NAME					ADDDECC			ľ
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		□ neii		CITY-S	1-211		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chargest or on an attachment with an address, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP