## 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

DOCUMENT # P97000095480 (4)

DIRECT AREA FOOD DISTRIBUTORS, INC.

Principal Place of Business

Maiting Address

## **FILED** Apr 28 1998 8:00am Secretary of State



527 RIDGELINE RUN LONGWOOD FL 32750  2. Principal Place of Business		527 RIDGELINE RUN LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  11/07/1997  4. FEI Number Applied For SG - 34777766 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional		
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Ζφ <b>29</b>	Country 30		8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30.   Yes Mo		
****	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
	ERILAWYER		81	Name			
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 83		dress (P.O. Box Number is Not Acceptable)		
			84			<b>85</b> Zip	Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, Fl	authorized by lorida Statute	y the corpora s.	poration submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as	registered
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PSTD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	BERNER, ALAN H		1.2 NAME				
STREET ADDRESS	527 RIDGELINE RUN		1.3 STREET				j
CITY-ST-ZIP	LONGWOOD FL 32750	DELETE	1.4 CITY - 5 2.1 TITLE	61-2IP		Change	Addition
TITLE NAME	<b>BE</b> RNER, GREGORY M	[_] OLLCIE	2.1 HILE 2.2 NAME			Gliange	Addition
STREET ADDRESS	\$27 RIDGELINE RUN		2.3 STREET	ADDRESS			-
CITY-ST-ZIP	LONGWOOD FL 32750		2. 4 CITY -				i
TITLE		☐ DELETE	3.1 TITLE	***		Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		FT 0:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME PARET ARROSCO			4. 2 NAME 4.3 STREET	Į.			i
STREET ADDRESS  CITY-ST-ZIP			4.4 CITY - S				
TITLE		☐ DELETÉ	5.1 TITLE	), EII	47.415.119	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	SY-ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			6.3 STREET	RESERVED			
CITY-ST-ZIP			6.4 CITY-5	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 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.