## $03021999 \hbox{-} 90133 \hbox{-} 011 \hbox{-} \$150.00 \hbox{-} \$150.00$

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POROCO12524

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90133 011 \*\*\*150.00

1. Corporation Name CREOLE BAHAMIAN DELI, INC.  Chicket 1 City						<b>:</b>
					H OBSULODNY HAND INDER BYRG (NEW OLDY 1994)	
Principal Place	e of Business	Mailing Address				
2735 N.W. 200		2735 N.W. 200 TERRACE				
CAROL CITY FL 33056 CAROL CITY FL 33056				DO NOT WRIT	E IN THIS SPACE	-
				3. Date Incorporated or Qualifed		7
				02/06/1998	<i></i>	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	3
27 596	1 NWZemAVe	26			Not Applicable	8
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	1
22		27		5. Certificate of Status Desired	Fee Required	_
City & State	•	City & State	- <u>-</u>	6. Election Campaign Financing	\$5.00 May Be	}'
23	mi +L	28	<u> </u>	Trust Fund Contribution	Added to Fees	
Zip	Country	? <u></u> ?i	Country	= 8. This corporation owes the curre	int year Intangible	- F
24 - 09	12-7 25 Dade	29	30	Personal Property Tax.	Yes No	_
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	_
•	NOON CATISEAN		81 Name		·	_[
JOHNSON, CATHLEAN			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
2735 N.W. 200 TERRACE			<u> </u>			
CAR	OL CITY FL 33058		83		•	1
			84 City		FL 85 Zip Code	
44 Durayant	to the provisions of Spottons 607 0502	and 607 1508 Florida Statut	es the above-named cor	poration submits this statement for the	purpose of changing its registered	┑.
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	of Florida, Such change was a ions of, Section 607.0505, Flo	uthorized by the corporation Statutes.	poration submits this statement for the join's board of directors! hereby accept	the appointment as registered	
SIGNATURE				·	DATE	1
	Signature, typed or printed name of registered agent	(	Registered Agent signature requi	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	CR2E034 (11/98)
12.	OFFICERS AND	D DIRECTORS DELETE	1.1 TILE	ADDITIONS OF THE PERSON OF THE	☐ Change ☐ Addition	7 2
TITLE	D CATHERN	LJ OLLLIL	1.2 NAME			<u>4</u>
NAME	JOHNSON, CATHLEAN					
STREET ADDRESS			1.3 STREET ADORESS			1 2
CITY-ST-ZIP	CAROL CITY FL 33058	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition	<u>ო</u> ხ
TITLE	D	□ DECEIE	2.1 TITLE			
NAME	JOHNSON, WILFRED		2.2 NAME			}
STREET ADDRESS	1 *		2.3 STREET ADDRESS			ľ
CITY-ST-ZIP	CAROL CITY FL 33056		2.4 CITY-ST-ZIP		☐ Change ☐ Addition	<u></u>
TITLE	)	☐ DELETE	3.1 NTLE			
NAME			3.2 NAME			{
STREET ADDRESS			3.3 STREET ADDRESS			1
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Additi	on
ومستحيث عاللاء		DELETE:	4.1 TILE			
NAME			4.2 NAME	·		
STREET ADDRESS			4.3 STREET ADDRESS		The state of the s	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition	<del></del>
TITLE	}	☐ DELETE	5.1 TILE 5.2 NAME	•		
NAME			- I	•		1
STREET ADDRESS	}		5 3 STREET ADORESS			1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		☐ Change ☐ Addition	<del></del>
ITILE	1	□ DELETE	6.1 TITLE		□ cands □ vorin	-"]
NAME	!		6.2 NAME			1
	1	·	<u> </u>			- 1
STREET ADDRESS		·	8.3 STREET ADDRESS			}

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 suppliemental 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 fustee 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, with all princy like empowered.