

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000026192

1. Corporation Name  
NEIL FOOD, INC.

Principal Place of Business: 2018 S. CHICKASAW TR. ORLANDO FL 32825  
Mailing Address: 2018 S. CHICKASAW TR. ORLANDO FL 32825



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1998

4. FEI Number: 59-349254 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 the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent: KAPADIA, NILKANTH, 2018 S. CHICKASAW TR., ORLANDO FL 32825

10. Name and Address of New Registered Agent: (Blank)

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPADIA, ANIL	1.2 NAME	
STREET ADDRESS	1537 SHADY OAK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	1.4 CITY-ST-ZIP	
TITLE	DVT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPADIA, NILKANTH	2.2 NAME	
STREET ADDRESS	2018 S. CHICKASAW TR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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, with all other like empowered.

SIGNATURE: Neil Kapadia 1/29/99 407-358-8388

CR2E034 (11/98)