**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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M.T.M. FOOD DISTRIBUTORS, INC.

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						0	4/28/1998				<u> </u>		
2. Principal Pl	ace of Business	2a. Mailing Address					El Number					Applied	
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	9. Name and Address of Current	Registered Agent		-		10. N	ame and Ade	dress of N	ew Regi	stered /	Agent		
				81   1	emay								
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			ţ	<b>62</b> S	Street Addr	ess (P.O.	. Box Number	r is Not Ac	ceptable	)	:		
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TALL	VERMODEL LE SEGUITESES		į.								90 76	o Code	
		and 507.1508, Florida Statuto	es, the ab	84 (	City	oration su	ubmits this st	atement for	r the pur	FL pose of a		p Code	
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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 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 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.

4.4 CITY-ST-ZIP

5 4 City-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Addition

Addition

Change

Change

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

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