

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90010 028 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000069473

1. Corporation Name  
 FOOD-FOOD-FOOD CORPORATION

Principal Place of Business  
 5272 N.W. 89TH DRIVE  
 CORAL SPRINGS FL 33067

Mailing Address  
 5272 N.W. 89TH DRIVE  
 CORAL SPRINGS FL 33067

2. Principal Place of Business  
 21 9637 Westview Drive  
 Suite, Apt. #, etc.

2a. Mailing Address  
 28 9637 Westview Dr  
 Suite, Apt. #, etc.

City & State  
 23 CORAL SPRINGS FL

City & State  
 28 CORAL SPRINGS FL

Zip  
 24 33076

Country  
 25 BWD

Zip  
 29 33076

Country  
 30 BWD

9. Name and Address of Current Registered Agent  
 OLSEN, SPENCER  
 5272 N.W. 89TH DRIVE  
 CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

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  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
 TITLE PD  
 NAME OLSEN, SPENCER  
 STREET ADDRESS 5272 N.W. 89TH DRIVE  
 CITY-ST-ZIP CORAL SPRINGS FL 33067

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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.

SIGNATURE: *SPENCER OLSEN* 7-1-99 954-341-7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)