

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90046 023 \*\*\*150.00

DOCUMENT # **P98 000097558**  
1. Corporation Name  
**FLO'S WEST INDIAN BAKERY & DELI, INC.**

Principal Place of Business Mailing Address  
**5538 W. OAKLAND PARK BLVD  
LAUDERHILL, FLA 33313**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>NOVEMBER 16, 1998</b> 4. FEI Number <b>65-0877791</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name <b>PAULINE E. BARROWS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4121 NW 51 AVE.</b> 83 City <b>LAUDERDALE LAKES FL</b> 84 Zip Code <b>33319</b>
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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 **PAULINE E. BARROWS**

**Pauline E Barrows**

**5-7-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT / OWNER</b> <input type="checkbox"/> DELETE <b>BARBARA M. SMITH</b> <b>3267 NW 43 ST.</b> <b>LAUDERDALE LAKES FL 33309</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE <b>FAYANNE MONTAQUE</b> <b>3267 NW 43 ST.</b> <b>LAUDERDALE LAKES FL 33309</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY / TREASURER</b> <input type="checkbox"/> DELETE <b>PAULINE E. BARROWS</b> <b>4121 NW 51 AVE.</b> <b>LAUDERDALE LAKES FL 33319</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **BARBARA M. SMITH** **Barbara Smith** **5/7/99** **954-735-1131**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)