PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of Stale

DIVISION OF CORPORATIONS

DOCUMENT # P98000101374 1. Corporation Name

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90117 041 ***150.00

TED & ELLY'S DELI, INC. Principal Place of Business Mailing Address 4201 N OCEAN BLVD 4201 N OCEAN BLVD SEA RANCH, STE 1704-C SEA RANCH STE 1704-C DO NOT WRITE IN THIS SPACE BOCA RATON FL 33431 **BOCA RATON FL 33431** 3. Date Incorporated or Qualifed 11/27/1998 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-087836 9980 ALTERNATE P Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 27 City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owns the current year intampible. X No Personal Property Tax. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LEVY, THEODORE Street Address (P.O. Box Number is Not Acceptable) 4201 N OCEAN BLVD SEA RANCH, STE 1704-C **BOCA RATON FL 33431** 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 507.1508, 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. THEODOREA SIGNATURE CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change 11 TITLE TITLE RESINENT THEODORE LEVY 4201 N.OCEDN BLUD 1704C BOCARATON 76 33431 1.2 NAME NAME NONE 1.3 STREET ADDRESS STREET ADDRES 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change DELETE TITLE GURGTARY 2.1 TITLE 22 NAME NAME 420/N. OCEA 1704c 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-5T-ZIP C/TY-ST-ZIP ☐ Addition Change 3.1 TTLE TITLE 12 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 34. CITY-ST-ZIP CITY-ST-ZIF Change - Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZP CITY-ST-ZW Addition ☐ Change C DELETE S.1 TITLE TILE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 6.1 TITLE ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 the corporation of the receiver 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 the corporation of the receiver of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the c officer or director or the Block 12 or Block 13 if change with all other like empowered.