Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90122 050 \*\*\*150.00

## 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

## DOCUMENT # **S28143**

SCANWILL GOURMET FOOD SERVICE, INC.							
Principal Place	e of Business	Mailing Address			[ (BB((B)) (10 )(00) (012) (10) 0100 (11)	BIBIT GIBIT BIBIT BIBIT BI	J11 01011 1021
1627 NORTHWEST 38TH AVE. 1627 NORTHWEST 38TH AVE. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311							
					DO NOT WRITE IN	THIS SPACE	<del></del>
					3. Date Incorporated or Qualifed 01/28/1991	,	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			65-0240382	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A	dditional
22		_ 27			5. Certifcate of Status Desired	Fee Rec	uired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current ye	ear Intangible	_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regis	tered Agent	
			-	81 Name			
PAULSEN, GUDMUND				1 and an in it	(D.C. D., N., basis Net Assertable)		
9433	3 CHELSEA DR			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
PLAI	NTATION FL 33324			83			
	•						
į				84 City		FL 85 Zip C	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	02 and 607.1508, Florida Statute of Florida. Such change was au ations of, Section 607.0505, Flor	es, the a athorized ida Stati	bove-named con d by the corpora utes.	poration submits this statement for the purption's board of directors. I hereby accept the	appointment as reg	egistered istered
SIGNATURE						ATE	\
	Signature, typed or printed name of registered age		_	l Agent signature requi	ADDITIONS/CHANGES TO OFFICE		RS IN 12
12.	+	ND DIRECTORS  ☐ DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition
TITLE	PS OUDSHIND	□ bereie				onlings	
NAME	PAULSEN, GUDMUND		1.2 N/	Į.			
STREET ADDRESS	9433 CHELSEA DRIVE N.		1.3 \$1	TREET ADORESS			}
CITY-ST-ZIP	PLANTATION FL		1.4 CI	TY-ST-ZIP			
TITLE	l .						- Addison
NAME		☐ DELETE	2.1 TI	TLE		☐ Change	Addition
STREET ADDRESS		□ pere⊥e	2.1 TI 2.2 N/	1	and the second s	Change	Addition
~ CITY-ST-ZIP		□ pere⊥e	2.2 N/	1		☐ Change	Addition
		∪eleie	2.2 N/ 2.3 S1	AME		•••	_
ΠΠLE		DELETE	2.2 N/ 2.3 S1	AME TREET ADDRESS		☐ Change	Addition
NAME		· 2 702	2.2 N/ 2.3 S1 - 2.4 C	AME TREET ADDRESS EITY-ST-ZIP =		•••	_
NAME		· 2 702	2.2 N/ 2.3 S1 - 2.4 C 3.1 T/ 3.2 N/	AME TREET ADDRESS EITY-ST-ZIP =		•••	_
NAME STREET ADDRESS		· 2 702	2.2 N/ 2.3 ST - 2.4 C 3.1 TF 3.2 N/ 3.3 ST	AME TREET ADDRESS SITY-ST-ZIP TLE AME TREET ADDRESS		•••	_
NAME STREET ADDRESS C/TY-ST-ZIP		· 2 702	2.2 N/ 2.3 ST - 2.4 C 3.1 TF 3.2 N/ 3.3 ST	AME TREET ADDRESS CITY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP		•••	_
NAME STREET ADDRESS CITY-ST-ZIP TITLE		, ⊃= ☐ DELETE	2.2 N/ 2.3 ST - 2.4 C 3.1 T/ 3.2 N/ 3.3 ST 3.4. C 4.1 T/	AME  TREET ADDRESS  CITY-ST-ZIP  TLE  AME  TREET ADDRESS  CITY-ST-ZIP  TLE		☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		, ⊃= ☐ DELETE	2.2 N/ 2.3 S1 - 2.4 C 3.1 T7 3.2 N/ 3.3 S1 3.4 C 4.1 T1 4.2 N/ 4.3 S1	AME TREET ADDRESS SITY-ST-ZIP TREET ADDRESS SITY-ST-ZIP TILE JAME TREET ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		, == ☐ DELETE	22 N/ 23 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N/ 4.3 ST 4.4 CI	AME  TREET ADDRESS  TITY-ST-ZIP  TREET ADDRESS  TREET ADDRESS  TITY-ST-ZIP  TILE  JAME  TREET ADDRESS  TITY-ST-ZIP  TREET ADDRESS		☐ Change	Addition
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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 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

KREUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

(954) 792 - 5105

☐ Change

☐ Addition