Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90052 030 ***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 # **S35989**

1. Corporation Name

THE BRITISH FOODS CONNECTION CORP.

									41 1 1 1 1 1 1 1 1 1	6161 1111 1461 8181 1161 1861
Principal Place of Business Mailing Address							1 100/1010 100 filas 01/10 18	181 48118 1811 81811 B1	2 11 0 1 0 11 0 1 0 11 1	Athri mibit imai
1335 S. FEDERAL HIGHWAY 1335 S.			S. FEDERAL HIGHWAY							
			DEERFIELD BEACH FL 33441			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qua		<u> </u>	
							03/01/1991			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number	- .	- A _E	oplied For
21		26	_				65-02673 <u>13</u>		No	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desire	ad 🛮		Additional
22		27					J. Octaio210 of Ciaias 200			equired
City & State	•	\vdash	City & State				6. Election Campaign Finance	ing 🗆		May Be
23		28	7	Country			Trust Fund Contribution			to Fees
Zip	Country		Zip 30	٦ ´			 This corporation owes the Personal Property Tax. 	current year inta	angibia ✓ Yes	□No
24	25 9. Name and Address of Current	29		1			10. Name and Address of N	ew Registered		
	9. Name and Address of Correct	Negisi	ereu Agent	81	N	Vame	IV. Hame and I	<u>-</u> -		
SATI	JRN, RICK A.			82	_	=	(D.O. D. N. hard-lain-t-A-			
301 YAMATO RD.						Street Addres	ss (P.O. Box Number is Not Ac	ceptable)		
S-2110				83				_		
BOC	A RATON FL 33431				ļ.,				DE Zin	Codo
				84	1	City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	of Florid ions of,	a. Such change was auth Section 607.0505, Florida	onzed by a Statutes	the	e corporation	when reinstating)	DATE	Turient as re	
12.	OFFICERS AND	DIRE	CTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	ST		☐ DELETE	11 TITLE					Change	☐ Addition
NAME	MCCLUSKIE, NORMA			1.2 NAME						
STREET ADDRESS	2931 NE 40TH ST			1.3 STREET	TAD	DRESS				
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			1.4 CITY-S	T-ZI	IP			☐ Change	[] Addition
TITLE	P		☐ DELETE	2.1 TITLE					Change	
NAME	MCCLUSKIE, SEAN			2.2 NAME						,
STREET ADDRESS	2931 NE 40TH ST.			2.3 STREE		1				
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064		C. DELETE	2.4 CITY-S	ST-Z	ZIP			☐ Change	Addition
TITLE	JAMES MCCLU 2931 NE 40th	SKI	- Dereie	3.1 TITLE						
NAME	2931 NE 40th	57	- 1	32 NAME	.	20000				
STREET ADDRESS	LIGHTHOUSE	PT 1	-133 06 W	3.3 STREE						
CITY-ST-ZIP	2/6/11		☐ DELETE	3.4. CITY-S 4.1 TITLE	51-2	ur	<u> </u>		☐ Change	Addition
TITLE			<u></u>	4. 2 NAME						_
NAME				4.3 STREE		DORESS I				
STREET ADDRESS				4.3 STREE						
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TMLE	,	-			☐ Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T AD	ODRESS				
CITY-ST-ZIP				5.4 CITY-S	5T- ZI	IP !				
TITLE			DELETE	6.1 TITLE					Change	☐ Addition

14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS