

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S42512** (1)

1. Corporation Name

BERKE-BLAKE FANCY FOODS, INC.



Principal Place of Business

Mailing Address

**1275 BENNETT DRIVE
103 - 105
LONGWOOD FL 32750
US**

**1275 BENNETT DR
STE 103
LONGWOOD FL 32750-3338
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/02/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3061593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**MAQUIRE, VOORHIERS
2 S. ORANGE AVE.
225 E. ROBINSON ST.
ORLANDO FL 32806**

81 Name

TODD KOBRIN

82 Street Address (P.O. Box Number is Not Acceptable)

2 South Orange Ave

83

84 City

Orlando

FL

85 Zip Code

32801

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 602.0505, Florida Statutes.

SIGNATURE

Todd Kobrin

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

(NOTE: Registered Agent Signature required when resigning.)

4/27/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P BERKE, ANN**
STREET ADDRESS **585 DEVONSHIRE BLVD**
CITY - ST - ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME **S HEISNER, VIVIAN**
STREET ADDRESS **585 DEVONSHIRE BLVD**
CITY - ST - ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME **V SIMONDS, MARNIE B**
STREET ADDRESS **585 DEVONSHIRE BLVD**
CITY - ST - ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**884 BUCKSAW PLACE
LONGWOOD FL 32750**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**884 BUCKSAW PLACE
LONGWOOD FL 32750**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**813 RAFAEL CIRCLE APT. 305
ALTAMONTE SPRINGS FL 32714**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Vivian Heisner, Secy.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

DATE

407-831-7288

DAYTIME PHONE #

CR2E034 (12/95)