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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S62614 (0)

1. Corporation Name
C P DELI, INC.

Principal Place of Business

% BEVERLY A. SIDOR
ROUTE 5, BOX 1804
PALATKA FL 32177

Mailing Address

% BEVERLY A. SIDOR
ROUTE 5, BOX 1804
PALATKA FL 32177-9308



3. Date Incorporated or Qualified 06/27/1991	3a. Date of Last Report 03/25/1996
4. FEI Number 59-3075630	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 % BEVERLY A SIDOR	26 % BEVERLY A SIDOR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 3707 CRILL AVE	27 3707 CRILL AVE
City & State	City & State
23 PALATKA FL	28 PALATKA FL
Zip	Zip
24 32177	29 32177
Country	Country
25 FL	30 FL

9. Name and Address of Current Registered Agent

SIDOR, BEVERLY A.
ROUTE 5, BOX 1804
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name SIDOR BEVERLY A
82 Street Address (P.O. Box Number is Not Acceptable) 3707 CRILL AVE
83
84 City PALATKA
85 Zip Code FL 32177

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DELETE <input type="checkbox"/>	1.1 TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME SIDOR, BEVERLY A.		1.2 NAME SIDOR, BEVERLY A	
STREET ADDRESS ROUTE 5, BOX 1804		1.3 STREET ADDRESS 3707 CRILL AVE	
CITY-ST-ZIP PALATKA FL		1.4 CITY-ST-ZIP PALATKA FL 32177	
TITLE D	DELETE <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME PLESS, MARTHA G.		2.2 NAME	
STREET ADDRESS 125 GREEN DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP PALATKA FL		2.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Beverly A. Sidor* BEVERLY SIDOR 1/28/97 (904) 325-2405

CR2E034 (9/96)