## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 14 1997 8:00am

Secretary of State

0312650

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUI	MENT # \$82889	(4)			
	ATIONAL FOOD & DEVELOP	MENT INC.			
HALFLIA	A HONAL FOOD & DEVELOR	MEITT, HTO		t analysis in chain that a same that is shall be shall	er miðli minti hjóts ófðir hjóts niðis samt
Principal Place	e of Business	Mailing Address			is debet divet divit divit debet divit in de
-777 YAMATO F	9 <del>0 -</del>	-777 YAMATO RD.			
SUFFE 195	F1 00404	-SUITE-135-	•		
BOCA RATON	FL 4342	BOCA RATON FL-88401-440	0.	3. Date Incorporated or Qualified	3a. Date of Last Report
				09/26/1991	03/01/1996
2. Principal Pi	lace of Business	2a. Mailing Address	70 .	4. FEI Number	Applied For
21 1900	GLADES KOAD		ADES ROA	D 65-0284123	Not Applicable
- aii	#, etc.	Suite, Apt. #, etc.	100	5. Certificate of Status Desired	\$8.75 Additional
22 341 City & State	15 633	27 SUITE 6	033	5 Florida Octobrilla Florida	Fee Required
23 BOCA	PATON FL	28 BOCA RATE	ON F.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24 <i>334</i>	34 25 USA		o USA		Yes No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
	DMAN, PETER	an James William Po	81 Name		
	32 BROOKWOOD RD. ////	? NORTHWAY CI	82 Street	Address (P.O. Box Number is Not Accepta	ble)
BOC	CA RATON FL 33496		83 ///	77 NORTHWAY CI	RCLE
			53	•	
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named	corporation submits this statement for the	
office or n	egistered agent, or both, in the State or familiar with, and accept the obligation	Florida, Such change was au	thorized by the corp	corporation submits this statement for the oration's board of directors. I hereby acce	pt the appointment as registered
	m ramiliar with, and accept the obligati	ons or, section borloss, Fion	ida Statules.	•	
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	Princes artens	☐ DELETE	1.1 TITLE		Change Addition
NAME	FELDMAN, PETER W 17000 BROOKWOOD DR	177 NORTHWAY	1.2 NAME	MARILIMAN ALAMANA	ciecle
STREET ADDRESS	BOCA RATON FL	CIRCLE	1.3 STREET ADDRESS	19177 NORTHWAY BOCK RATON FL	20106
CHY-SI-7P	DOON IV. ON I C	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	BUCK KATEN, FL	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-ZiP			2. 4 CITY-ST-ZIP		
TITLE		. DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.9 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME :		FTI DELETE	51 TITLE 52 NAME		The credible The shallow
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
COY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do heret	by certify that the information supplied in redicated on this annual report or sur	with this filing does not qualify	for the exemption si	ated in Section 119.07(3)(i), Florida Statut	es. I further certify that the
Lam an of appears is	flicer or director of the corporation or to in Block 12 or Block 13 if changed, or	receiver or trustee empower in an attachmen with an address	red to execute this ress.	that my signature shall have the same legeport as required by Chapter 607, Florida	Statutes; and that my name