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**

FILED Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90091 024 ***150.00

1. Separation Name 1 # V08769					
1. Corporation Name WINTER PARK DELICATESSEN, INC.					
AAIIAIEU	TARK DEGICATESSEN, IN	<u>ن</u>			LABOR BUIDE GREEK LINES LINES BONT (BUT BIRES BUILDING BURN BURN BURN BURN BURN BURN BURN BURN
Principal Place of Business Mailing Address					
					· ·
971 W. FAIRBANKS AVE. 971 W. FAIRBANKS AVE. ORLANDO FL 32804 ORLANDO FL 32804					
OTICHNOO TE SI	2007	CHE HOO TE SECOT			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					01/24/1992
Principal Place of Business 2a. Mailing Address					4. FEI Number . Applied For
1 26					59-3104000 Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22	27				Fee Required
·	City & State City & State				6. Election Campaign Financing \$5.00 May Be
23	28		Country		Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curre	29 30) 		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Registered Agent	81	Name	IV. Halle and Address of New Neglaterod Agent
CHAI	NH JOHN, NGUYEN			T to The	
971 W. FAIRBANKS AVE.			82	82 Street Address (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32804			83		
J.,_			00		
			84	City	FL 85 Zip Code
44 5		00 LCO7 1EOP Florido Ctatutas	the char		corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	orized by	the corpor	ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	a Statutes	•	2 7 2 Source
SIGNATURE	Signature, typed or printed name of registered ag	(NOTE: Pe	oistand Agar	t expositive rev	quired when reinstating) DATE
12.		ND DIRECTORS	13.	it signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE		1.1 TITLE		☐ Change ☐ Addition
NAME	NGUYEN, CHANH Q. 123		1.2 NAME		-
STREET ADDRESS	ALCO OTTOO		1.3 STREET	ADDRESS	
CITY-ST-ZIP	MINISTER RADIA EL		1.4 CITY-S	- 1	32792
TITLE	D	☐ DELETE	2.1 TITLE	1-211	☐ Change ☐ Addition
NAME	NGUYEN, NGAN M.		2.2 NAME		
			2.3 STREET	r ADDDESS	
STREET ADDRESS	1400 1770 04014 51		1		32792
CITY-ST-ZIP			2. 4 CITY-S 3.1 TITLE	11-ZIP	☐ Change ☐ Addition
TITLE			3.2 NAME	İ	
NAME				ADDDECC	
STREET ADDRESS			3.3 STREET	- 1	
CITY-ST-ZIP		☐ DELETE	3.4 CITY-S 4.1 TITLE	11-ZIP	☐ Change ☐ Addition
TITLE		ب محدد	4 2 NAME	ļ	
NAME			4.3 STREET	r Annoces	
STREET ADDRESS				1	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-2IP	☐ Change ☐ Addition
TITLE			5.1 IIILE 5.2 NAME		
NAME			5.3 STREET	T ADDRESS	
STREET ADDRESS			5.4 CITY-S		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	i-er	☐ Change ☐ Addition
TITLE		☐ DELETE	6.2 NAME		
NAME			ì	r annoccee	
STREET ROUNESS			6.3 STREET	- 1	
CITY-ST-ZIP			6.4 CITY+S	I-ZIP	

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.

SIGNATURE: _

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #