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

NAME

STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if changed, by on an attachment with an address

Mar 26 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # **V12631** (0) QUALITY FOOD PRODUCTS, INC. Principal Place of Business Mailing Address 1963 SE FEDERAL HWY 1963 SE FEDERAL HWY STUART FL 34994 STUART FL 34994 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1992 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 65-0312308 21 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 8. This corporation owes or has paid the current year Intangit is Personal Property Tax due June 30. Yes No Ζıp Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITE, CHARLES R.L. 535 E INDIANTOWN RD 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33477 83 84 City 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 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. Familiar with, and accept the obligations of Section 607.0505, Florida Statutes. ant 1 West or product name of registered agent and title it apple able (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE CHAN, RICKY 12 NAME NAME 10039 TRAILWOOD CIR STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DILETE TITLE 2.1 TITLE Addition CHAN, CORINNA NAME 2.2 NAME 10039 TRAILWOOD CIR STREET ADDRESS 23 STREET ADDRESS JUPITER FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TUTLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELFTE TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change Addition DELETE TITLE 61 TITLE

62 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this annual report of suppliemental 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

CORINNA CHAN

FILED

561

220378/ avime Phone # 0481048