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PROFIT CORPORATION . **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V139
1. Corporation Name
KANE'S GOURMET DELI, INC.

1998

(7)

| FILED | |
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| Apr 07 1998 8:00an | 1 |
| Secretary of State | |



| | | | | | | ii) i (1) i ii) iii) iii) iii) iii) | | |
|---|--|--|-------------------------------------|---------------------------------------|---|-------------------------------------|--|--|
| Principal Plac | e of Business | Mailing Address | | | | | | |
| 8032 W. MCNAB ROAD 8032 W. MCNAB ROAD N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068 | | | ; | | | | | |
| N. LAUDER US | DALE PL 33068 | N. LAUDERDALE FI US | L 33068 | | DO NOT WRITE IN THIS | SPACE | | |
| 00 | | 00 | | | 3. Date Incorporated or Qualified | | | |
| | | | | | 02/14/1992 | | | |
| 2. Principal P | lace of Business | 2a, Mailing Address | | | 4. FEI Number | Applied For | | |
| 21 | | 26 | | | 65-0312141 | Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | | |
| 22 | | 27 | | | a. Commode of States Besired | Fee Required | | |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | | |
| Zip | Country | <u> </u> | Zip Country | | 8. This corporation owes or has paid the cui | _ ' _ ' | | |
| 24 | 25 9. Name and Address of Current | 29 Peoletered Agent | 30] | | Personal Property Tax due June 30. 10. Name and Address of New Registered | Yes No | | |
| | | veðisteten viðatit | 81 | Name | 10. Name and Address of New Registered | Agent | | |
| | ANE, MARSHA B. | | ۱۳. | 1377 | 1 CHAEL & KANK | | | |
| 1 | 40 TORCHWOOD AVENUE | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable) | | | |
| P | LANTATION FL 33324 | | , | 170 | 1702CAWOOD HUL | | | |
| | | | 83 | PIA | 2 MATERIAL FLA | 22324 | | |
| | | | 84 | City | NIA 1101C) | 85 Zip Code | | |
| | · · · · · · · · · · · · · · · · · · · | | | <u></u> | <u>FL</u> | | | |
| 11. Pursuant office or r | to the provisions of Sections 607.0502 egistored agent, or both, in the State of | and 607.1508, Florida St f Florida, Such change w | atutes, the abov as authorized b | e-named co v the corpor | orporation submits this statement for the purpose oration's board of directors. I hereby accept the app | f changing its registered | | |
| agent. I a | m familiar with, and accept the obligati | oris of 9action 607.0505 | , Florida Statule | / | 12 11 2 0 | | | |
| SIGNATURE | -Michael F | ane | Kres K | ane G | oumet Jeli > 2 | 1-98 | | |
| | | <i>></i> | | per prutangia Ins | guired when reinstating) DATE | | | |
| 12. | OFFICERS AND | DIHECTORS | 13. | · · · · · · · · · · · · · · · · · · · | ADDITIONS/CHANGES TO OFFICERS AND | Change Addition | | |
| TALE | D NAME MADONA D | (CHAING | | | | . 1 Cuarite Nationali | | |
| NAME | KANE, MARSHA B. | · Eltinon | | | KANE, MICHAEL | | | |
| STREET ADDRESS | 140 TORCHWOOD AVENUE | , | 1.3 STREET | | PLANTATION FUL 3 | 2271 | | |
| CITY-ST-ZIP | PLANTATION FL | DELETE | 1,4 CiTY - S | ST-ZIP | | 33.2√ ☐ Change ☐ Addition | | |
| TITLE | ST MANE IEEEDEV W | I TO POS (110 | 6 £ 2.1 ITLE | | TREASURE | Change L Appellun | | |
| NAME | KANE, JEFFREY W. | المراجعين المراجع | 2.2 NAME | | KANE JEFFREY | | | |
| STREET ADDRESS | 720 COCO PLUM CT #7 | 7 " POS (110 | 2.3 STREET | 1 | 14010 ROHWOOD AUC | | | |
| CITY-ST-ZIP | PLANTATION FL. | | | ST-ZIP | PLAWIATION FUN | Change Addition | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | ļ. | SECRETARY | - | | |
| NAME | | | 3.2 NAME | | 140TORCHUSOO AU | <u> </u> | | |
| STREET ADDRESS | | | 3.3 STREET | - 1 | 140 loke House of AU | 22224 | | |
| CITY - SI - ZIP | | DELETE | 3.4. CITY- | ST-ZIP | PLANTATION FLA | 33324 | | |
| TITLE | | L DELETE | 4.1 TITLE | ĺ | | Change Addition | | |
| NAME | | | 4. 2 NAME | } | | j | | |
| STREET ADDRESS | | | 4.3 STHEET | | | | | |
| CITY-ST-ZIP | | Donese | 4.4 CITY - S | T - ZIP | | Change Addition | | |
| TiTLE | | ☐ DELETE | 5.1 TITLE | ļ | | Change Addition | | |
| NAME | | | 5.2 NAME | | | 39 | | |
| STREET ADDRESS | | | 5 3 STREET | | | '4.7 | | |
| CITY-ST-ZIP | | T DELETE | 5.4 CITY - S | IT-ZIP | | Change Addition | | |
| TITLE. | | ☐ DELETE | 6.1 TITLE | ļ | | C CHANGE C ADDRION | | |
| NAME | | | 6.2 NAME | | | ام ا | | |
| STREET ADDRESS | | | 6.3 STREET | | | N 8550 Y | | |
| CITY-ST-ZIP | artifu that the information number with | this filing does not explicit | 64 CITY-S | | in Section 119 07/9/(i) Electide Statutes I further as | 100 100 P | | |
| 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 change in the corporation attachment with an address | | | | | | | | |
| DIUGN 12 (| ar brook to it change to the an anach | THEFT WILL BUT BOOTESS | | | | | | |