FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:44

DOCUMENT # **V28690** **(8)**

1. Corporation Name
D&M FOOD SERVICE, INC.

Principal Place of Business	Mailing Address
9044 W. ATLANTIC BLVD. 337 CORAL SPRINGS FL 33065	9044 W. ATLANTIC BLVD. 337 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/14/1992
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business
21: 5308 NW 98th Way
22: Suite, Apt. #, etc.
23: City & State: Coral Springs FL
24: Zip: 33076 — 25: Country: USA

2a. Mailing Address
26: 5308 NW 98th Way
27: Suite, Apt. #, etc.
28: City & State: Coral Springs FL
29: Zip: 33076 — 30: Country: USA

4. FEI Number: 65-0321894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PAPPALARDO, JOSEPH
~~8282 WILES ROAD~~
~~CORAL SPRINGS FL 33067~~ 4900 NW 15th Street #488 Margate FL 33063

10. Name and Address of New Registered Agent

81 Name: Debra Marchione
82 Street Address (P.O. Box Number is Not Acceptable): 5308 NW 98th Way
83:
84 City: Coral Springs FL 85 Zip Code: 33076

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: Debra Marchione — 4-11-95
Signature, typed or printed name of registered agent and title 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	1.1 TITLE	☒ Change ☐ Addition
NAME	MARCHIONE, VINCENT	1.2 NAME	D Marchione Vincent
STREET ADDRESS	9044 W ATLANTIC BLVD 337	1.3 STREET ADDRESS	5308 NW 98th Way
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Coral Springs FL 33076
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Vincent Marchione — 4-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114000 CP