FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # V32859 (3)

1. Corporation Name

M. A. C. DELI'S INC.

Principal Place of Business
9642 CRESTVIEW ST
SEMINOLE FL 34642
US

Mailing Address
9642 CRESTVIEW ST
SEMINOLE FL 34642
US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 04/30/1992
3a. Date of Last Report: 07/10/1995
4. FEI Number: 59-3119039 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PHILLIPS, JOHN R JR
8351 BLIND PASS RD
ST PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name: Charles W. Ross
82 Street Address (P.O. Box Number is Not Acceptable): 360 Central Ave. Suite 1500
83
84 City: St Petersburg FL 85 Zip Code: 33731

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 Anthony J. Caruso President [signature] 2/10/96
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	PST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARUSO, ANTHONY J		1.2 NAME	
STREET ADDRESS	9642 CRESTVIEW ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	Vice President ☐ Change ☒ Addition
NAME	CARUSO, ANTHONY J		2.2 NAME	Michael A. Caruso
STREET ADDRESS	9642 CRESTVIEW ST.		2.3 STREET ADDRESS	9642 Crestview St.
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	Seminole FL 34642
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
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	
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: [signature] President 2/10/96 813 397-6980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)