

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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MAY - 1 AM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P04427** (1)
1. Corporation Name:
KELT FOOD SYSTEMS, INC.

Principal Place of Business: **1700 ROUTE 23, STE. 120 WAYNE NJ 07470**
Mailing Address: **1700 ROUTE 23, STE. 120 WAYNE NJ 07470**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/20/1984		06/22/1994	
22 State Apt # etc		27 State Apt # etc		4. FEI Number		Applied For	
23 City & State		28 City & State		22-2356559		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 FL Zip Code			
11. Pursuant to the provisions of Sections 6007.00(2) and 6007.19(2), 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 set forth in Chapter 600, Florida Statutes.							

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**

10. Name and Address of New Registered Agent:

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83: _____

84 City: _____

85 FL Zip Code: _____

11. Pursuant to the provisions of Sections 6007.00(2) and 6007.19(2), 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 set forth in Chapter 600, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PTD PINELES, RICHARD 1700 RT 23 SUITE 120 WAYNE NJ	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1. STREET ADDRESS	
CITY & STATE		1. CITY & STATE	
ZIP		1. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MENDELSON, KAREN 1700 RT 23 SUITE 120 WAYNE NJ	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		2. CITY & STATE	
ZIP		2. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSD PINELES, JACOB CLARIDGE HOUSE #2, APT. LE VERONA NJ	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
ZIP		3. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
ZIP		4. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	
ZIP		5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	
ZIP		6. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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 600, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Richard Pineles*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Richard Pineles, President
 4/24/95 (201) 696-7200