

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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G10023 (1)**  
 1. Corporation Name  
**WOMETCO FOOD SERVICES OF FLORIDA, INC.**



Principal Place of Business 3195 PONCE DE LEON BLVD. P.O. BOX 14-1609 (ZIP-33114) CORAL GABLES FL 33134	Mailing Address 3195 PONCE DE LEON BLVD. P.O. BOX 14-1609 (ZIP-33114) CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/18/1982</b>	4. FEI Number <b>59-2245001</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
22. City & State	27. City & State			
23. Zip	28. Zip			
24. Country	29. Country			

9. Name and Address of Current Registered Agent <b>SMITH, THOMAS W</b> <b>3195 PONCE DE LEON BLVD</b> <b>CORAL GABLES FL 33134</b>		81. Name	10. Name and Address of New Registered Agent	
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83. City		
		84. State	85. Zip Code	
		FL		

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 607.0508, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of Special Agent, Registered Agent and fee if applicable) (Name of Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HERTZ, ARTHUR H</b>		1.2 NAME	
STREET ADDRESS <b>3195 PONCE DE LEON BLVD.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWN, MICHAEL S.</b>		2.2 NAME	
STREET ADDRESS <b>3195 PONCE DE LEON BLVD.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KRAUSE, DAVID</b>		3.2 NAME	
STREET ADDRESS <b>3195 PONCE DE LEON BLVD.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, THOMAS W</b>		4.2 NAME	
STREET ADDRESS <b>3195 PONCE DE LEON BLVD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 designated 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 this filing.

SIGNATURE: *Thomas W. Smith* **THOMAS W. SMITH** **2/5/98 (305) 629-1400 X1450**

CR2E034 (10/97)