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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G10023**

WOMETCO FOOD SERVICES OF FLORIDA, INC.

	FOOD OF IAIOES OF LES							
Principal Place of	f Pucinoss	Mailing Address			- ( (83)(\$1) 888) 11315 ABITT BRAIN		41211 61211 610	
		3195 PONCE DE LEON BLVD	-					
3195 PONCE DE LEON BLVD. P.O. BOX 14-1609 (ZIP-33114)		P.O. BOX 14-1609 (ZIP-33114)			DO NOT WRITE IN THIS SPACE			
CORAL GABLES FL 33134		CORAL GABLES FL 33134		3. Date Incorporated or Qualifed				
JOHNE GROEED TE STOPE								
					10/18/1982		Appli	ed For
2. Principal Plac	e of Business	2a. Mailing Address		•	4. FEI Number		<del></del>	Applicable
		26		59-2245001		\$8.75.Ad		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Req		
Suite, Apr. 11, 5to.		27			<u> </u>		\$5.00 N	
City & State		City & State			6. Election Campaign Financin	9	Added to	
3		28			Trust Fund Contribution			
Zip	Country	Zip	Country		8. This corporation owes the co	urrent year mtan T	gibie ∐Yes [	∃No
4	25	29 3	0		Personal Property Tax.  10. Name and Address of New			<del>-</del>
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	* Registore / S	,	
			. 81	Name			<u>, , ,</u>	
SMITH	I, THOMAS W		82	Street Addr	ess (P.O. Box Number is Not Acce	ptable)		
3195	PONCE DE LEON BLVD				. 10	era o paracego e responsibilità e este	1.65.000	75. 1581 (FB)
	L GABLES FL 33134	•	83		्रीकृष्टिक स्टाइन विकास	<b>利爾福德斯德</b>		
0011		•	100		1 11 VII 11 11 11 11 11 11 11 11 11 11 11 11 1	<del>(1.73)                                    </del>	85 Zip C	ode
			84	1 1	,	FL		
11. Pursuant to office or rec agent. I am	the provisions of Sections 607 0502 gistered agent, or both, in the State of familiar with, and accept the obligation	and 607.1508, Florida Statute: of Florida. Such change was au ions of, Section 607.0505, Flori	thorized by da Statutes	the corporations.	on's board of disposition was also			
office or rec agent. I am	gistered agent, or both, in the state of familiar with, and accept the obligation of the state of familiar with a state o	ons of, Section 607.0505, Flori	da Statutes Registered Age	<b>3</b> .	nd when reinstation)	DATE		·
office or regarder. I am	gistered agent, or both, in the State of familiar with, and accept the obligation	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	Registered Age	<b>3</b> .	ad when reinstating)	DATE		·
office or regardent. I am	gistered agent, or both, in the state of familiar with, and accept the obligation of the state of familiar with a state o	ons of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE	s. int signature require	nd when reinstation)	DATE	DIRECTO	RS IN 12
office or regardent. I am SIGNATURE  12. TITLE NAME	of familiar with, and accept the obligation of familiar with a control of familiar with a contro	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature require	ad when reinstating)	DATE	DIRECTO	RS IN 12
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office or regarder. I am SIGNATURE 5  12.  TITLE NAME STREET ADDRESS	ignature, typed or printed name of registered agent OFFICERS AND C HERTZ, ARTHUR H 3195 PONCE DE LEON BLVD.	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	ad when reinstating)	DATE	DIRECTO	RS IN 12
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SIGNATURE:

14. I hereby certify that the information indicated on this annual report or officer or director of the ecoporation Block 12 or Block 13 if changed,

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90068 009 \*\*\*150.00