

FILE NOW: FILING FEE AFTER MAY 1ST IS \$55 .00

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra P. Morison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M79716 (0)  
1. Corporation Name  
FOOD SERVICE SALES & MARKETING ASSOCIATES, INC.



Principal Place of Business: 5840 WEST CYPRESS ST. SUITE G TAMPA FL 33607 US  
Mailing Address: 5840 W. CYPRESS ST. SUITE G TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 3111 DeLeon Street  
Suite, Apt #, etc.  
22 Tampa, FL  
City & State  
23 33609  
Zip  
24 Hillsborough  
Country

2a. Mailing Address  
26 P.O. Box 18426  
Suite, Apt. #, etc.  
27 Tampa, FL  
City & State  
28 33679-8426  
Zip  
29 Hillsborough  
Country

3. Date Incorporated or Qualified: 05/03/1988  
4. FEI Number: 59-2979554  
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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
GOODWIN, JAMES W., II  
215 MADISON STREET  
TAMPA FL 33602

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, TOM	1.2 NAME	
STREET ADDRESS	5840 W. CYPRESS ST., SUITE G	1.3 STREET ADDRESS	3111 DeLeon Street
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWELL, GARY	2.2 NAME	
STREET ADDRESS	5840 WEST CYPRESS, ST.	2.3 STREET ADDRESS	3111 DeLeon Street
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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)(i), 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 appointment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 2/2/98 DAYTIME PHONE: 813-874-2500

CR2E034 (1097)