

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N21759 (8)**

1. Corporation Name

SOUTH WEST FLORIDA CHEF'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ROSEMARIE DRYGALA
423 S.W. 34TH STREET
CAPE CORAL FL 33914-7822

C/O ROSEMARIE DRYGALA
423 S.W. 34TH STREET
CAPE CORAL FL 33914-7822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0029036** 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

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DELBERT W
142 SE 19TH STREET
CAPE CORAL FL 33990

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	SCHNEIDER, MICHAEL
STREET ADDRESS	27583 LOS AMIGOS LANE
CITY - ST - ZIP	BONITA SPRINGS FL
TITLE	P
NAME	TREUHEIT WILLIAM
STREET ADDRESS	17171 KNIGHT DRIVE
CITY - ST - ZIP	FT. MYERS FL
TITLE	D
NAME	ROELCKES, HORST
STREET ADDRESS	323 BAYSHORE DR.
CITY - ST - ZIP	CAPE CORAL FL
TITLE	D
NAME	LOWY, JACK H.
STREET ADDRESS	9468 LAKE VIEW BLVD. E5
CITY - ST - ZIP	N. FORT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Treuhait*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
WILLIAM TREUHEIT

1-28-95
DATE
5785591
OFFICER'S PHONE #

APPROVED AND FILED
95 APR -6 AM 7:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA