

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N21759 (8)**

1. Corporation Name  
**SOUTH WEST FLORIDA CHEF'S ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>C/O ROSEMARIE DRYGALA<br/>423 S.W. 34TH STREET<br/>CAPE CORAL FL 33914-7822</b> | Mailing Address<br><b>C/O ROSEMARIE DRYGALA<br/>423 S.W. 34TH STREET<br/>CAPE CORAL FL 33914-7822</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>07/29/1987</b> | 3a. Date of Last Report<br><b>04/06/1995</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0029036</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**SMITH, DELBERT W  
142 SE 19TH STREET  
CAPE CORAL FL 33990**

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 **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>V</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>SCHNEIDER, MICHAEL</b>      |                                 |
| STREET ADDRESS | <b>27583 LOS AMIGOS LANE</b>   |                                 |
| CITY-ST-ZIP    | <b>BONITA SPRINGS FL</b>       |                                 |
| TITLE          | <b>PD</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>TREUHEIT WILLIAM</b>        |                                 |
| STREET ADDRESS | <b>17171 KNIGHT DRIVE</b>      |                                 |
| CITY-ST-ZIP    | <b>FT. MYERS FL</b>            |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>ROELKES, HORST</b>          |                                 |
| STREET ADDRESS | <b>323 BAYSHORE DR.</b>        |                                 |
| CITY-ST-ZIP    | <b>CAPE CORAL FL</b>           |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>LOWY, JACK H.</b>           |                                 |
| STREET ADDRESS | <b>9468 LAKE VIEW BLVD. E5</b> |                                 |
| CITY-ST-ZIP    | <b>N. FORT MYERS FL</b>        |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| 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: *Delbert W. Smith* **DELBERT W. SMITH** 2/13/96 941-472-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)