2-26-97 B: [illegible]

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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N35444** (1)

1. Corporation Name

SHARE A MEAL, INC.

Principal Place of Business	Mailing Address
2000 N. DIXIE HWY. APT. #5 WILTON MANORS FL 33305	2000 N. DIXIE HWY. APT. #5 WILTON MANORS FL 33305-2255

3. Date Incorporated or Qualified: 11/27/1989
3a. Date of Last Report: 07/16/1996

2. Principal Place of Business	2a. Mailing Address
21 2000 RIVERSIDE PLACE	26 2000 RIVERSIDE PLACE
Suite, Apt. #, etc. 22 # 5	Suite, Apt. #, etc. 27 # 5
City & State 23 WILTON MANORS, FL	City & State 28 WILTON MANORS, FL
Zip / Country 24 33305 / 25 BROWARD	Zip / Country 29 33305 / 30 BROWARD

4. FEI Number: 65-0187999 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRAY, WILLIAM J. ONE BISCAYNE TOWER SUITE 2500 MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KEUTER, KIRK FRANK		1.2 NAME	KEUTER, KIRK FRANK	
STREET ADDRESS	22298 BUSHING STREET		1.3 STREET ADDRESS	22298 BUSHING STREET	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	OBER, RICHARD NASON		2.2 NAME	OBER, RICHARD NASON	
STREET ADDRESS	2000 N. DIXIE HWY. #5		2.3 STREET ADDRESS	2000 RIVERSIDE PL - #5	
CITY-ST-ZIP	WILTON MANORS FL 33305		2.4 CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	D	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	SCOTT, JUDITH		3.2 NAME	SCOTT, JUDITH	
STREET ADDRESS	9001 SOUTHERN CORCHARD RD. NORTH		3.3 STREET ADDRESS	9001 SOUTHERN ORCHARD RD NORTH	
CITY-ST-ZIP	DAVIE FL 33328		3.4 CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard N. Ober RICHARD N. OBER 1-30-97 (305)535-9469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0035664