

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000029635 (8)**

1. Corporation Name  
**192 FOOD ASSOCIATES, INC.**



Principal Place of Business Mailing Address  
~~1800 2ND ST SUITE 900 SARASOTA FL 34236~~  
~~1800 2ND ST SUITE 900 SARASOTA FL 34236~~

2. Principal Place of Business 21 **1425 West New Haven Ave**  
Suite, Apt. #, etc.  
22  
City & State 23 **West Melbourne, FL.**  
Zip 24 **32904** Country 25  
2a. Mailing Address 26 **1999 Lincoln Drive, 202B**  
Suite, Apt. #, etc.  
27  
City & State 28 **Sarasota, Florida**  
Zip 29 **34236** Country 30

3. Date Incorporated or Qualified **04/22/1993** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0416912** 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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**ACKERMAN, GARY D**  
~~1800 2ND ST SUITE 900 SARASOTA FL 34236~~

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **1999 Lincoln Drive, Suite 202B**  
83  
84 City **Sarasota, FL.** 85 Zip Code **34236 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 \_\_\_\_\_ (Print name, typed or printed name of registered agent or director if applicable) (Print Registered Agent Signature required when transferring) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COFFIN, CHRISTOPHER J</b>	1.2 NAME
STREET ADDRESS	<del>1800 SECOND ST., STE. 900</del>	1.3 STREET ADDRESS <b>1999 Lincoln Drive, Suite 202B</b>
CITY- ST- ZIP	<b>SARASOTA FL</b>	1.4 CITY- ST- ZIP <b>Sarasota, Florida 34236</b>
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACKERMAN, GARY D</b>	2.2 NAME
STREET ADDRESS	<del>1800 SECOND ST., STE. 900</del>	2.3 STREET ADDRESS <b>1999 Lincoln Drive, Suite 202B</b>
CITY- ST- ZIP	<b>SARASOTA FL</b>	2.4 CITY- ST- ZIP <b>Sarasota, Florida 34236</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* U.P. 4/6/96 941-365-4303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (12/95)