

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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: **1425 NEW HAVEN AVE W. MELBOURNE, FL 32904 US**  
 Mailing Address: **1999 LINCOLN DRIVE SUITE 202B SARASOTA, FL 34236 US**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified: **04/22/1993**

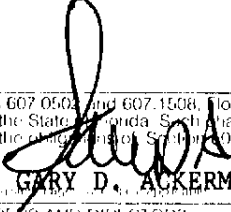
2. Principal Place of Business  
 21. Suite, Apt #, etc.  
 22. City & State  
 23. Zip Country  
 24. Zip Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
**ACKERMAN, GARY D.**  
**1999 LINCOLN DRIVE SUITE 202B**  
**SARASOTA, FL 34236**

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 607.0503 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 provisions of Sections 607.0503, Florida Statutes.

SIGNATURE:  **GARY D. ACKERMAN, VICE PRESIDENT AGENT**

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	COFFIN, CHRISTOPHER J.	
STREET ADDRESS	1999 LINCOLN DRIVE SUITE 202B	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ACKERMAN, GARY D.	
STREET ADDRESS	1999 LINCOLN DRIVE SUITE 202B	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

**100002509941**  
**-05/04/98--01097--018**  
**\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 corrected to that address.

SIGNATURE:  (941) 365-4303

CR2E034 (10/97)