


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortha Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000075996 (7) 1. Corporation Name TASTE OF FREEDOM, INC.			
Principal Place of Business P.O. BOX 681780 NORTH MIAMI FL 33168-1780 US		Mailing Address P.O. BOX 681780 NORTH MIAMI FL 33168-1780 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1993		3a. Date of Last Report 04/26/1996	
21		26		4. FEI Number 65-0566875		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RIVERS, DANNIE L 545 NE 143 STREET NORTH MIAMI FL 33161				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 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RIVERS, DANNIE L	1.2 NAME	
STREET ADDRESS	545 NE 143 STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI FL	1.4 CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WILLIAMS, GAIL L	2.2 NAME	
STREET ADDRESS	2100 NW 86 TER	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33147	2.4 CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SHEPPARD, ELBERT L	3.2 NAME	
STREET ADDRESS	10261 SW 9TH LN	3.3 STREET ADDRESS	
CITY- ST- ZIP	PEMBROKE PINES FL 33025	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 does not qualify for 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 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] **DANNIE L. RIVERS**

3/24/97 (305) 652-6464

CR2E034 (9/96)