

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S67606** (1)

1. Corporation Name
DANIELS FOODSERVICE, INC.



Principal Place of Business: **13320 METRO PARKWAY S.E. FT. MYERS FL 33912-4703**
Mailing Address: **950 ARTHUR AVE ELK GROVEVILLAGE IL 60007 US**

3. Date Incorporated or Qualified: **07/19/1991**
3a. Date of Last Report: **03/09/1995**
4. FEI Number: **65-0277754**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALOUSEK, TERRY W.	1.2 NAME	
STREET ADDRESS	13320 METRO PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, BARBARA	2.2 NAME	DIANA M. JENNINGS
STREET ADDRESS	13320 METRO PARKWAY	2.3 STREET ADDRESS	950 ARTHUR AVE
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	ELK GROVE VILLAGE, ILL. 60007
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWSON, THOMAS	3.2 NAME	
STREET ADDRESS	13320 METRO PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	COUCH, JAMES	4.2 NAME	DON J. HINDMAN (DIR)
STREET ADDRESS	13320 METRO PARKWAY	4.3 STREET ADDRESS	950 ARTHUR AVE
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	ELK GROVE VILLAGE, ILL. 60007
TITLE	D	5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	DEANGELO, THOMAS	5.2 NAME	BRIAN FRASER (DIR)
STREET ADDRESS	950 ARTHUR AVE	5.3 STREET ADDRESS	950 ARTHUR AVE.
CITY-ST-ZIP	ELK GROVE VILLAGE IL	5.4 CITY-ST-ZIP	ELK GROVE VILLAGE, ILL. 60007
TITLE	D	6.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	HINDMAN, DONALD	6.2 NAME	DONALD D. HINDMAN (DIR)
STREET ADDRESS	950 ARTHUR AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ELK GROVE VILLAGE IL	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: *D M Jennings*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-8-96** Telephone: **708-956-1737**

CR2E034 (12/95)