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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001673 (0)

1. Corporation Name
WISE FOODS, INC.

Principal Place of Business
180 EAST BROAD STREET
COLUMBUS OH 43215

Mailing Address
180 EAST BROAD STREET
COLUMBUS OH 43215-3707



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 51-0370373		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	MCKNIGHT, WILLIAM B	1.2 NAME	
STREET ADDRESS	180 EAST BROAD STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOULK, DAVID	2.2 NAME	
STREET ADDRESS	180 EAST BROAD STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, JAMES B	3.2 NAME	
STREET ADDRESS	180 EAST BROAD STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	3.4 CITY - ST - ZIP	
TITLE	CTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSELMAN, RONALD W	4.2 NAME	
STREET ADDRESS	180 EAST BROAD STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, WILLIAM H	5.2 NAME	
STREET ADDRESS	180 EAST BROAD STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TREASURER
STREET ADDRESS		6.3 STREET ADDRESS	RONALD P. STARKMAN
CITY - ST - ZIP		6.4 CITY - ST - ZIP	180 E. BROAD ST. COLUMBUS, OH 43215-3799

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: RONALD P. STARKMAN 4/ /97 (614) 225-4479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #