


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

FILED

May 23 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 # 266661 (8) 1. Corporation Name ROSS AND RACE FOODS INC					
Principal Place of Business 2800-A N. OCEAN DR., A-11D RIVIERA BEACH FL 33404			Mailing Address 2800-A N. OCEAN DR., A-11D RIVIERA BEACH FL 33404		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/30/1983 3a. Date of Last Report 04/04/1996 4. FEI Number 59-0999356 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
9. Name and Address of Current Registered Agent ELLIS, NOREEN ROSS 2800-A N. OCEAN DR., 11-D RIVIERA BEACH FL 33404				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 607.0502 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	NAME	ROSS, FRANCES R	1.1 TITLE	
STREET ADDRESS	2800-A N OCEAN DR., 11D			1.2 NAME	
CITY-ST-ZIP	RIVIERA BEACH FL			1.3 STREET ADDRESS	
				1.4 CITY-ST-ZIP	
TITLE	VD	NAME	ELLIS, NOREEN R	2.1 TITLE	
STREET ADDRESS	2800-A N OCEAN DR., 2D			2.2 NAME	
CITY-ST-ZIP	RIVIERA BEACH FL			2.3 STREET ADDRESS	
				2.4 CITY-ST-ZIP	
TITLE	STD	NAME	SMITH, ROBERTA	3.1 TITLE	
STREET ADDRESS	4341 FLAX CT			3.2 NAME	
CITY-ST-ZIP	PALM BCH GARDENS FL			3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE	
STREET ADDRESS				4.2 NAME	
CITY-ST-ZIP				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE	
STREET ADDRESS				5.2 NAME	
CITY-ST-ZIP				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE	
STREET ADDRESS				6.2 NAME	
CITY-ST-ZIP				6.3 STREET ADDRESS	
				6.4 CITY-ST-ZIP	
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 on an attachment with an address.					
SIGNATURE: <i>[Signature]</i> NOREEN ROSS ELLIS 4/30/97 561-844-7006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CR2E034 (9/96)