

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

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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002152 (5)

1. Corporation Name
AMERICAN FOODSERVICE DISTRIBUTORS COMPANY



Principal Place of Business 4700 S. BOYLE AVE. VERNON CA 90058	Mailing Address 4700 S. BOYLE AVE. VERNON CA 90058-3021
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3. Date Incorporated or Qualified 05/02/1995	3a. Date of Last Report 02/21/1996
4. FEI Number 95-4297895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

C T 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 **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

TITLE PD NAME GRIFFIN, JAMES STREET ADDRESS 4700 S. BOYLE AVE. CITY-ST-ZIP VERNON CA	<input checked="" type="checkbox"/> DELETE
TITLE VTD NAME LYNCH, MARTIN A STREET ADDRESS 4700 S. BOYLE AVE. CITY-ST-ZIP VERNON CA	<input type="checkbox"/> DELETE
TITLE VS NAME ALVARADO, DONALD G STREET ADDRESS 4700 S. BOYLE AVE. CITY-ST-ZIP VERNON CA	<input type="checkbox"/> DELETE
TITLE VD NAME LAVERTY III, ROGER M STREET ADDRESS 4700 S. BOYLE AVE. CITY-ST-ZIP VERNON CA	<input type="checkbox"/> DELETE
TITLE CD NAME EMMONS, ROBERT J STREET ADDRESS 524 CHAPALA ST. CITY-ST-ZIP SANTA BARBARA CA	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Laverty III, Roger M. 4700 S. Boyle Ave Vernon, CA 90058
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Sue Mullins 4700 S. Boyle Ave Vernon, CA 90058

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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: _____ **DATE** **2/12/97** **DAYTIME PHONE #** **213-584-9832**

CR2E034 (9/96)

BUSINESS ADDRESS FOR ALL
OFFICERS AND DIRECTORS

4700 S. BOYLE AVE.
LOS ANGELES, CA 90058

DIRECTORS

ROBERT J. EMMONS
MARTIN A. LYNCH
ROGER M. LAVERTY, III

OFFICERS:

Roger M. Laverty, III.....President & CEO
Martin A. Lynch.....Executive Vice President & CFO
Sue Mullins.....Vice President
Donald G. Alvarado.....Vice President & Secretary

AMERICAN FOODSERVICE DISTRIBUTORS

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