


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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003834 (7)

1. Corporation Name
US FOODSERVICE OF FLORIDA, INC.

Principal Place of Business 1160 W. 13TH ST RIVIERA BEACH FL 33404	Mailing Address 1065 HWY 315 407 WILKES BARRE PA 18702 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/08/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 613 BALTIMORE DR 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	4. FEI Number 65-0517405 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30- <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVEVINO, FRANK H	1.2 NAME	James L. Miller
STREET ADDRESS	1065 HWY 315, CROSS CREEK POINTE	1.3 STREET ADDRESS	9830 Patuxent Woods Drive
CITY-ST-ZIP	WILKES-BARRE PA 19702	1.4 CITY-ST-ZIP	Columbia, MD 21046
TITLE	VCV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMULLEN, THOMAS G	2.2 NAME	David M. Abramson
STREET ADDRESS	1065 HWY 315, CROSS CREEK POINTE	2.3 STREET ADDRESS	9830 Patuxent Woods Drive
CITY-ST-ZIP	WILKES-BARRE PA 19702	2.4 CITY-ST-ZIP	Columbia, MD 21046
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCANALLY, DAVID F	3.2 NAME	Robert W. Gillison
STREET ADDRESS	1065 HWY 315, CROSS CREEK POINTE	3.3 STREET ADDRESS	9830 Patuxent Woods Drive
CITY-ST-ZIP	WILKES-BARRE PA 19702	3.4 CITY-ST-ZIP	Columbia, MD 21046
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, WILLIAM	4.2 NAME	Christopher Mellon
STREET ADDRESS	1160 W. 13TH ST	4.3 STREET ADDRESS	613 Baltimore Drive
CITY-ST-ZIP	RIVIERA BEACH FL 33404	4.4 CITY-ST-ZIP	Wilkes-Barre, PA 18702
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIANFLONE, ANN B	5.2 NAME	Ann B. Cianflone
STREET ADDRESS	1065 HWY 315, CROSS CREEK POINTE	5.3 STREET ADDRESS	613 Baltimore Drive
CITY-ST-ZIP	WILKES-BARRE PA 18702	5.4 CITY-ST-ZIP	Wilkes-Barre, PA 18702
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ROBERT	6.2 NAME	Joan Morena
STREET ADDRESS	1065 HWY 315, CROSS CREEK POINTE	6.3 STREET ADDRESS	613 Baltimore Drive
CITY-ST-ZIP	WILKES-BARRE PA 18702	6.4 CITY-ST-ZIP	Wilkes-Barre, PA 18702

14. I 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:

Joan Morena

1-29-98 317-931-7600

CR2E034 (10/97)