


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90030 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004891

1. Corporation Name
CREATIVE FOOD MANAGEMENT, INC.

Principal Place of Business 3 GREENWICH OFFICE PARK GREENWICH CT 06831	Mailing Address 3 GREENWICH OFFICE PARK GREENWICH CT 06831
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/10/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 34-1714149	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
				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

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	EVP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNEY, ROBERT F		1.2 NAME	MARK SIMKISS	
STREET ADDRESS	76 SEMINARY ST		1.3 STREET ADDRESS	1002 FOXBORO LANE	
CITY-ST-ZIP	NEW CANAAN CT 06840		1.4 CITY-ST-ZIP	NORWALK, CT 06850	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPECTOR, RANDY B		2.2 NAME	WILLIAM D FORREST	
STREET ADDRESS	6 BARN SWALLOW DROVE		2.3 STREET ADDRESS	3 GREENWICH OFFICE PARK	
CITY-ST-ZIP	WESTPORT CT 06880		2.4 CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, CATHERINE B		3.2 NAME	RICHARD L HALL	
STREET ADDRESS	TWO OAKWOOD LANE		3.3 STREET ADDRESS	3 GREENWICH OFFICE PARK	
CITY-ST-ZIP	GREENWICH CT 06830		3.4 CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLEN KEATS		4.2 NAME		
STREET ADDRESS	42 PERKINS RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen Keats (SECRETARY)

Date

Daytime Phone #

1/11/99

1-203-629-4320

CR2E034 (11/98)