

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

FILED

Apr 15 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 # **F96000004558 (0)**

1. Corporation Name

PROFESSIONAL FOOD-SERVICE MANAGEMENT, INC.



Principal Place of Business	Mailing Address
ATTN: LEGAL DEPARTMENT 2400 YORKMONT ROAD CHARLOTTE NC 28217	ATTN: LEGAL DEPARTMENT 2400 YORKMONT ROAD CHARLOTTE NC 28217-4511

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Attn: Tax Department	26	Attn: Tax Department	09/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 2400 Yorkmont Road		27 2400 Yorkmont Road		56-1981761	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Charlotte, NC		28 Charlotte, NC		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	30
28217	USA	28217	USA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	CEOD	2400 YORKMONT ROAD	CHARLOTTE NC 28217				
	BAILEY, MICHAEL J						
	CFOD	2400 YORKMONT ROAD	CHARLOTTE NC 28217				
	GREEN, GARY R						
	S	2400 YORKMONT ROAD	CHARLOTTE NC 28217				
	KERCHER, MARY H						
	P	2400 YORKMONT ROAD	CHARLOTTE NC 28217				
	MARSALIS, CARL F						
	V	2400 YORKMONT ROAD	CHARLOTTE NC 28217				
	KIMBALL, J K						
	V	2400 YORKMONT ROAD	CHARLOTTE NC 28217				
	PANDE, JAMES R						
		2400 YORKMONT ROAD	CHARLOTTE NC 28217				

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: Mary Kercher (Mary H. Kercher) 4/8/97 704 329-7708

CR2E034 (9/96)