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

Mailing Address % TAX DEPARMENT

2400 YORKMONT ROAD

CHARLOTTE NC 28217

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004558

1. Corporation Name

% TAX DEPARMENT

2400 YORKMONT ROAD

CHARLOTTE NC 28217

Principal Place of Business

PROFESSIONAL FOOD-SERVICE MANAGEMENT, INC.

US		US			3. Date Incorporated or Qualified 09/05/1996	_	
2 Principal Di	ace of Business	2a. Mailing Address			4. FEI Number	Appl	lied For
	ace of Business	26			56-1981761		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Ad	Iditional
22	, , oto.	27			5. Certifcate of Status Desired	Fee Req	uired
- City & State		= City & State	- جن تؤك	ح تحدث ا عد	6. Election Campaign Financing	\$5:00 Ñ	/av Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Inta	ingible	
24	25	29	30		Personal Property Tax.	☑Yes □	□No -
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	igent	
	000000000000000000000000000000000000000		81	Name			
C T CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD							
PLANTATION FL 33324							
			84	City		85 Zip Co	
	in the second section of the second s			'	<u>FL</u>	1 1	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	e-named	corporation submits this statement for the purpose of	changing its re	egistered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	it Florida. Such change was au	ithonzed by	the come	oration's board of directors. I hereby accept the appoir	mnem as regi	ore: GA
	*						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	nt signature r	equired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	CEOD	DELETE	1.1 TITLE		,	☐ Change	☐ Addition
NAME	BAILEY, MICHAEL J		1.2 NAME		·		
STREET ADDRESS	2400 YORKMONT ROAD	/	1.3 STREE	TADORESS			
CITY-ST-ZIP	CHARLOTTE NC 28217			ST-ZIP			
TITLE	CFOD	☐ DELETE				Change	Addition
NAME	GREEN, GARY R		2.2 NAME				
STREET ADDRESS	2400 YORKMONT ROAD		2.3 STREE	TADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28217		2. 4 CITY-	ST-ZIP			
TITLE -	'S	DELETE	3.1 TITLE		Secretary	☐ Change	Addition
NAME	DELANO, DEBORAH K		3.2 NAME		lauren A. Stoory		
STREET ADDRESS	2400 YORK'MONT RD	•	3.3 STREE	TADDRESS	2400 Yorkmont Road		
CITY-ST-ZIP	CHARLOTTE NC 28217		3.4. CITY-	ST-ZIP	mariotte NC 28217		
TITLE	P	DELETÉ	4.1 TITLE	-	Vesidont	Change	Addition
NAME	MARSALIS, CARL F	•	4. 2 NAME		Steven M. Sweeney		
STREET ADDRESS	2400 YORKMONT ROAD		4.3 STREE	TADDRESS	2400 YONLMONT Rd.		
CITY-ST-ZIP	CHARLOTTE NC 28217		4.4 CITY+5		Charlotte, NC 28217		
TITLE	V	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	KIMBALL, J K		5.2 NAME				
STREET ADDRESS	2400 YORKMONT ROAD	,	5.3 STREE	TADORESS			
CITY-ST-ZIP	CHARLOTTE NC 28217		5.4 CITY-5	ST-ZIP			
TITLE	V	☐ DELETE	6.1 TITLE			Change	Addition
NAME	PANDE, JAMES R	/	6.2 NAME				
STREET ADDRESS	2400 YORKMONT ROAD		6.3 STREE	TADORESS			
CITY-ST-ZIP	CHARLOTTE NC 28217		6.4 CITY+5				
14. hereby	certify that the information supplied with	h this filing does not qualify for			d in Section 119.07(3)(i), Florida Statutes. I further certaiture shall have the same legal effect as if made under social by Chapter 607. Florida Statutes, and that made under the control by Chapter 607.	ify that the in	formation
						er oath; that I a y name apper	am an ars in
Block 12	or Block 13 if changed, or on an attach	hment with an address, with all	other like e	mpowere	d.		

SIGNATURE:

4/12/99

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90114 049 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)