

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **G44726** (9)
1. Corporation Name
CUISINE DES CHEFS, INC.

Principal Place of Business 2441 ORLANDO CENTRAL PKWY P.O. BOX 22801 ORLANDO FL 32809 US	Mailing Address % CHEFS DE FRANCE P.O. BOX 22801 LAKE BUENA VISTA FL 32830-9801
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1983	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2388518		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	25. Country	29. Country		30. Country	
9. Name and Address of Current Registered Agent WILSON, SAMUEL 1830 AVENUE OF THE STARS % CHEFS DE FRANCE OF ORLANDO, INC LAKE BUENA VISTA FL 32830				10. Name and Address of New Registered Agent	

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City
85. Zip Code	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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LENOTRE, GASTON	1.2 NAME	
STREET ADDRESS	LE PRE CATELIN	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS, FRANCE 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BOCUSE, PAUL	2.2 NAME	
STREET ADDRESS	PAUL BOCUSE CONSEIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLLIGNES, FRANCE 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	VERGE, ROGER	3.2 NAME	
STREET ADDRESS	MOULIN DE MOUGINS	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOUGINS, FRANCE 00000	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	WILSON, SAMUEL	4.2 NAME	
STREET ADDRESS	1830 AVENUE OF THE STARS	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Samuel Wilson* **Samuel B. Wilson** 04-22-98 407-827-5032

CR2E034 (10/97)