

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J35178** (9)

1. Corporation Name  
**SOUTH CITY FOOD SERVICES, INC.**



Principal Place of Business: **4629 SE DIXIE HIGHWAY STUART FL 34997**  
Mailing Address: **4629 SE DIXIE HIGHWAY STUART FL 34997**

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **09/26/1986**  
3a. Date of Last Report: **03/01/1995**  
4. FEI Number: **59-2724436**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**SOLIMINE, PETER E  
4629 SE DIXIE HWY  
STUART FL 34997**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|       |                              |                            |                  |                                 |
|-------|------------------------------|----------------------------|------------------|---------------------------------|
| TITLE | NAME                         | STREET ADDRESS             | CITY, STATE, ZIP | <input type="checkbox"/> DELETE |
|       | <b>PD SOLIMINE, PETER E.</b> | <b>4290 SE WHITCAR WAY</b> | <b>STUART FL</b> |                                 |
| TITLE | NAME                         | STREET ADDRESS             | CITY, STATE, ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME                         | STREET ADDRESS             | CITY, STATE, ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME                         | STREET ADDRESS             | CITY, STATE, ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME                         | STREET ADDRESS             | CITY, STATE, ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|       |      |                |                  |   |
|-------|------|----------------|------------------|---|
| TITLE | NAME | STREET ADDRESS | CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | NAME | STREET ADDRESS | CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (change), or on an attachment with an address.

SIGNATURE: *Peter Solimine* 2/23/96 407-286-7404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)