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

**PROFIT** Feb 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K30628 WOMETCO FOOD SERVICES, INC. Principal Place of Business Mailing Address C/O MICHAEL S. BROWN C/O MICHAEL S. BROWN 3195 PONCE DE LEON BLVD 3195 PONCE DE LEON BLVD DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** CORAL GABLES FL 33134 3. Date Incorporated or Qualified 08/10/1988 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 65-0064214 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. T Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo SMITH, THOMAS W. 3195 PONCE DE LEON BLVD Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 83 64 City 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 hen reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DETER Addition Change 1.1 THILE NAME BROWN, MICHAEL S. 1.2 NAME 3195 PONCE DE LEON BLVD STREET AUDRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY-SI-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME. HERTZ. ARTHUR H. 2.2 NAME STREET ADDRESS 3195 PONCE DE LEON BLVD 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition SMITH, THOMAS W. NAME 3.2 NAME 3195 PONCE DE LEON BLVD. STREET ADDRESS 3.3 STREET ADDRESS CORAL GABLES FL CITY-S1-ZIP 34 CITY-ST-ZIP DETETE TITLE 4.1 TITLE Addition NAME 4 2 NAME 4.3 STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE TITLE 5 1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7iP 5 4 CHY-ST-ZIP DELLIE TITLE 61 THLE Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I hereby certify that the information indicated on this annual report or : mit qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information account report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an iver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED**