

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 8: 54

DOCUMENT # K31583 (3)

1. Corporation Name
JUPITER FOOD SERVICE, INC.

Principal Place of Business Mailing Address
**1085 N AIA HWY 1085 N AIA HWY
JUPITER FL 33477 JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/23/1988** 3a. Date of Last Report **01/28/1994**

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

4. FEI Number **65-0067041** Applied For Not Applicable
5. Certificate of Status Desired **\$9.75 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
**WADE, KENNETH G.
C/O HARPOON LOUIE'S
1085 N AIA HWY
JUPITER FL 33477**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	CO
NAME	JONES, BARCLAY G. III
STREET ADDRESS	820 FIFTH AVE, 4TH FLR
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	FERNANDEZ, CLAUDE
STREET ADDRESS	820 FIFTH AVE, 4TH FLR
CITY - ST - ZIP	NEW YORK NY
TITLE	STD
NAME	FERNANDEZ, LOUIS R.
STREET ADDRESS	820 FIFTH AVE, 4TH FLR
CITY - ST - ZIP	NEW YORK NY
TITLE	P
NAME	WADE, KENNETH
STREET ADDRESS	820 FIFTH AVE 4 FLR
CITY - ST - ZIP	NEW YORK NJ
TITLE	VD
NAME	MOHL, ANTHONY
STREET ADDRESS	820 FIFTH AVE, 4TH FLR
CITY - ST - ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 or 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 addendum.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Last) (Typed Name #)