

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:03

DOCUMENT # **L67791** (8)

1. Corporation Name  
**PRIVATE CHEF SERVICES INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**9898 CYPRESS PARKWAY BOYNTON BEACH FL 33437**

3. Date Incorporated or Qualified **04/24/1990** 3a. Date of Last Report **10/18/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>5586 W LAKEWOOD CIR</b>	26 <b>5586 W LAKEWOOD CIR</b>	<b>65-0189887</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22 <b>VILLA E</b>	27 <b>VILLA E</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
23 <b>MARGATE FLA</b>	28 <b>MARGATE FLA</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
24 <b>33063</b>	25 <b>FLORIDA</b>	29 <b>33063</b>	30 <b>FLORIDA</b>
24 <b>33063</b>		25 <b>FLORIDA</b>	
29 <b>33063</b>		30 <b>FLORIDA</b>	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>JUDSON, DUANE</b> <b>5586 W. LAKEWOOD CIRCLE VILLA E</b> <b>MARGATE FL 33063</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 based on record copy of registered agent and the corporation) (Date Registered Agent Signature required after recording)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUDSON, DUANE</b>	1.2 NAME	<b>JUDSON, DUANE</b>
STREET ADDRESS	<b>9595 CYPRESS PARKWAY</b>	1.3 STREET ADDRESS	<b>5586 W. LAKEWOOD CIRCLE VILLA E</b>
CITY ST ZIP	<b>BOYNTON BEACH FL</b>	1.4 CITY ST ZIP	<b>MARGATE, FLA. 33063</b>
TITLE	<b>ST</b>	2.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUDSON, DUANE</b>	2.2 NAME	<b>JUDSON, DUANE</b>
STREET ADDRESS	<b>9595 CYPRESS PARKWAY</b>	2.3 STREET ADDRESS	<b>5586 W. LAKEWOOD CIRCLE VILLA E</b>
CITY ST ZIP	<b>BOYNTON BEACH FL</b>	2.4 CITY ST ZIP	<b>MARGATE, FLA. 33063</b>
TITLE	<b>VD</b>	3.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUDSON, DENISE</b>	3.2 NAME	<b>JUDSON, DENISE</b>
STREET ADDRESS	<b>9595 CYPRESS PARKWAY</b>	3.3 STREET ADDRESS	<b>5586 W. LAKEWOOD CIRCLE VILLA E</b>
CITY ST ZIP	<b>BOYNTON BEACH FL</b>	3.4 CITY ST ZIP	<b>MARGATE, FLA. 33063</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equate for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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: *Denise E. Judson VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DENISE E. JUDSON U.P.**

*3/22/95*  
DATE