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

**PROFIT** CORPORATION **ANNUAL REPORT** 

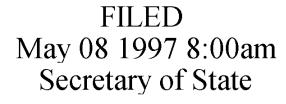
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



DOCUMENT # M07562 (5) CONSOLIDATED FOOD MANAGEMENT CORPORATION.  Principal Place of Businoss  Mailing Address  2215 TRADEPORT OR -200 SUN SANK CENTER 200 6 ORANGE AVE- POLANDO FL 32824						
US			ORLANDO FL 32002 0112-		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	Place of Pusin	1000	2a. Mailing Address		11/08/1984 4. FEI Number	04/26/1996
21				range Ave		Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22			27 Juite 6	1300		Fee Required
City & State			City & State	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country			7(p	Country	8. This corporation has liability for in	
24		25	29 <i>32801-3432</i>	30	Florida Statutes	Yes No
		and Address of Cui	rrent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
A.G.C. CO. 200 S. ORANGE AVENUE						
	5. Onzuron TE 2300	E MAEINOE		82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
ORLANDO FL 32801				83		
				84 City 85 Zip Code		
office or r	registered ag	ons of Sections 607, ent, or both, in the S	tate of Florida. Such change was at	s, the above-named corp ulhorized by the corporal	oration submits this statement for the plion's board of directors. I hereby accep	urpose of changing its registered (
SIGNATURE	am termilar wi	in, and accept the or	bligations of, Section 607.0505, Flor	ida Statutes.		
	Signature, typed			Registered Agent signature require		DATE
12.	1.06	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition  Change Addition
TITLE NAME	CD RIEDER, /	MARTAS		1.2 NAME		The privile The volume 100
STREET ADDRESS		RAUSS 51,		1.3 STREET ADDRESS		80
TIY-ST-ZIP	BL SWITZ			1.4 CITY-ST-ZIP		
TITLE	PT		DELETÉ	2.1 TITLE		Change Addition C
NAME		HA, HERBERT		2.2 NAME		
STREET ADDRESS	1771 OW	ASCO ST SPRINGS FL		2.3 STREET ADDRESS		ł
CITY-ST-ZIP TITLE	VPS	stainus fl	DELETE	2. 4 C(1Y - S1 - Z(P) 3.1 T(T)E		Change   Addition
NAME	FUCHS, F	PETER	_	3.2 NAME		
STREET ADDRESS		DEPORT DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO	) FL		3.4. CITY - ST - ZIP		
TITLE	}		☐ DELETE	4.1 TITLE		Change Addition
NAME .	}			4. 2 NAME		{
STREET ADDRESS  CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE	<del> </del>	<del></del>	☐ DELETE	5.1 TITLE		Change . Addition
NAME	)			5.2 NAME		
STREET ADDRESS				5.3 \$TREFT ADDRESS		
CITY-ST-ZIP				54 ÇITY-ST-ZIP		
TITLE			DELETE	6.1 TITLE	•	[] Change [] Addition
NAME etocct annurce	İ			6.2 NAME		
STREET ADDRESS City-St-Zip	<u> </u>			6.3 STREET ADDRESS 6.4 OITY-ST-ZIP		
	by certify that	the information supp	plied with this filing does not qualify		in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal	. I further certify that the

corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name if chapter 607 attachment with an address.

(407)856-4343