

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M07562** (5)
1. Corporation Name
CONSOLIDATED FOOD MANAGEMENT CORPORATION.

Principal Place of Business Mailing Address
2215 TRADEPORT DR
ORLANDO FL 32824
US
~~2300 SUN BANK CENTER 200 S. ORANGE AVE.~~
~~P.O. BOX 112~~
~~ORLANDO FL 32801-0112~~



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26 200 S. Orange Ave.		11/08/1984	04/26/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27 Suite 2300		59-2487076	Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28 Orlando, FL		<input type="checkbox"/>	<input type="checkbox"/>
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29 32801-3432	30	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

A.G.C. CO.
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEDER, ANDREAS	1.2 NAME	
STREET ADDRESS	HAUPTSTRAUSS 51,	1.3 STREET ADDRESS	
CITY-ST-ZIP	BL SWITZERLAND	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROKSCHA, HERBERT	2.2 NAME	
STREET ADDRESS	1771 OWASCO ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, PETER	3.2 NAME	
STREET ADDRESS	2215 TRADEPORT DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if change from previous attachment with an address.

SIGNATURE:

[Signature]

(407)856-4343

CR2E034 (9/96)