

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90120 003 \*\*\*150.00

DOCUMENT # M07562

1. Corporation Name

**CONSOLIDATED FOOD MANAGEMENT CORPORATION**

Principal Place of Business

**2215 Tradeport Dr.  
Orlando, FL 32824  
US**

Mailing Address

**200 S. Orange Avenue  
Suite 2300  
Orlando, FL 32801-3432  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/08/1984**

4. FEI Number  
**59-2487076**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt #, etc

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt #, etc

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**A.G.C. Co.  
200 S. Orange Avenue  
Suite 2300  
Orlando, FL 32801**

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

Signature: Typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**CD  
Rieder, Andreas  
Hauptstrauss 51,  
BL, Switzerland**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**VPS  
Fuchs, Peter  
2215 Tradeport Dr.  
Orlando, FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY, ST, ZIP

14. I 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/9/99 (407) 856-4343**

Date: \_\_\_\_\_

CR2E034 (11/98)