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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

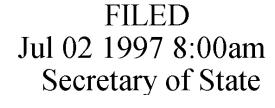
N05340

AMERICAN SOCIETY OF HOSPITAL FOOD SERVICE ADMINI STRATORS SOUTH FLORIDA CHAPTER, INC.

Principal Place of Business C/O ANNIE LOUISE SHAW PO BOX 6565

Mailing Address

C/O ANNIE LOUISE SHAW PO BOX 6565



HOLLYWOOD FL 33081		HOLLYWOOD FL 33081			
	•			3. Date Incorporated or Qualified 09/25/1984	3a. Date of Last Report 02/02/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	ON LUECK	26 C/O ROW LE	UCV	65-0055357	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	nun		CO 75 A 100
22 PD BOX 6565		27 PO BOX 6565		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 HOLL	YWOOD, FL	28 HOLLYWOOD		Trust Fund Contribution	Added to Fees
⊸, Zip	Country	Zip	Country	8. This corporation has liability for	
24 3308			30 USA		Yes No
	9. Name and Address of Curre	int Registered Agent	041 1	10. Name and Address of New Re	gistered Agent
			81 Name	ON LUECK Address (P.O. Box Number is Not Accepted	
	, MICAHEL		82 Street	Address (P.O. Box Number is Not Acceptate	ole)
	w 62ND ave		72	Address (P.O. Box Number is Not Acceptate	-
s miam	FL 33143		83		
			84 City		85 Zip Code
	•		PEN	MBROKE PINES	
11. Pursuant (to the provising is of Sections 617.05	02 and 617.1508, Florida Statute	s, the above-named	corporation submits this statement for the poration's board of directors. I hereby acceptance	ourpose of changing its registered
office of fe	egistered agent, or both, in the Stat m familiar with, and accept its oblid	e of Florida. Such change was a nations of Section 617 0503. Flo	uthorized by the corp rida Statutes	poration's board of directors. I hereby accep	of the appointment as registered
	y W		The blatatob.	3/2y	195
	A		Desiries d Asset pignature	e required when reinstating)	DATE
SIGNATURE 2	Signature, typed an intending of registered as	gent and title if applicable (NOTE	: Ledistated when albustne		
12.		ND DIRECTORS /	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
12.	OFFICERS AF	ND DIRECTORS	13.		
12. TITLE	OFFICERS AF	ND DIRECTORS	13. 1.1 TITLE		
12. TITLE NAME STREET ADDRESS	PD KALINS, MICHAEL	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES 10 OFFIC	Change Addition
12. TITLE NAME	PD KALINS, MICHAEL 7031 SW 62ND AVE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES 10 OFFIC	Change Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	PD KALINS, MICHAEL 7031 SW 62ND AVE S MIAMI FL VPD RIVA, VALERIE	ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES 10 OFFIC	Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD KALINS, MICHAEL 7031 SW 62ND AVE S MIAMI FL VPD RIVA, VALERIE 5757 N DIXIE HWY	ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE PRESIDENT SX OPPICIO PD PIVA, VALGEIE 3860 CORAL TEES CR #10.	Change Addition Change Addition
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Tub hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.