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Jul 02 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N05340 (7)

1. Corporation Name

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

Principal Place of Business

C/O ANNIE LOUISE SHAW  
PO BOX 6565  
HOLLYWOOD FL 33081

Mailing Address

C/O ANNIE LOUISE SHAW  
PO BOX 6565  
HOLLYWOOD FL 33081



3. Date Incorporated or Qualified  
09/25/1984

3a. Date of Last Report  
02/02/1996

2. Principal Place of Business

21 *PO Ron LUECK*

Suite, Apt. #, etc.

22 *PO Box 6565*

City & State

23 *HOLLYWOOD, FL*

Zip

24 *33081*

Country

25 *USA*

2a. Mailing Address

26 *C/O Ron LUECK*

Suite, Apt. #, etc.

27 *PO Box 6565*

City & State

28 *HOLLYWOOD, FL*

Zip

29 *33081*

Country

30 *USA*

4. FEI Number  
65-0055357

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KALINS, MICHAEL  
7031 SW 62ND AVE  
S MIAMI FL 33143

81 Name

*\* Ron LUECK*

82 Street Address (P.O. Box Number is Not Acceptable)

*721 NW 109TH AVE*

83

84 City

*PEMBROKE PINES*

FL

85 Zip Code

*33026*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/24/97*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*PO  
KALINS, MICHAEL  
7031 SW 62ND AVE  
S MIAMI FL*

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*VPO  
RIVA, VALERIE  
5757 N DIXIE HWY  
FT LAUDERDALE FL*

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*SD  
RIVA, VALERIE  
5757 N. DIXIE HWY.  
FT. LAUDERDALE FL*

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*TD  
LUECK, RONALD  
721 NW 109TH AVE  
PEMBROKE PINES FL*

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*SD  
JONES, DEBORAH  
775 NW 116TH ST  
MIAMI FL*

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

*PRESIDENT - RONALD PD  
RIVA, VALERIE  
3860 CORAL TREE CR #103  
COCONUT CREEK, FL 33073*

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

*PD TD  
LUECK, RONALD  
721 NW 109TH AVE  
PEMBROKE PINES, FL 33026*

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

*SD  
DALE, FRANK  
26001 NW 116TH TERRACE  
CORAL SPRINGS, FL 33065*

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)