


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05340** (7)

1. Corporation Name

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

Principal Place of Business

Mailing Address

C/O RON LUECK  
PO BOX 6565  
HOLLYWOOD FL 33081  
US

C/O RON LUECK  
PO BOX 6565  
HOLLYWOOD FL 33081  
US



3. Date Incorporated or Qualified

**09/25/1984**

4. FEI Number

**65-0055357**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUECK, RON  
721 NW 109TH AVE  
PEMBROKE PINES FL 33026**

81 Name **VIVIANNE SEYSS**

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

**10631 NW 21ST COURT**

83

84 City **PEMBROKE PINES**

**FL**

85 Zip Code **33086**

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

**Vivienne Seyss**

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

**Vivienne Seyss**

(NOTE: Registered Agent signature required when installing)

**5/1/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **RIVA, VALERIE**  
STREET ADDRESS **3880 CORAL TREE CR #103**  
CITY-ST-ZIP **COCONUT CREEK FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **DALE, FRANI**  
STREET ADDRESS **2801 NW 118TH TERRACE**  
CITY-ST-ZIP **CORAL SPRINGS FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Vivienne Seyss**

**5/1/98**

CR2E037 (10/97)