FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N12594 (0)

1. Corporation Name

THE SOUP KITCHEN, INC.

Principal Place of Business	Mailing Address
% W. LAWRENCE LARCHE 2255 GLADES RD., SUITE 319-A BOCA RATON FL 33431-4313	% W. LAWRENCE LARCHE 2255 GLADES RD., SUITE 319-A BOCA RATON FL 33431-4313

3. Date Incorporated or Qualified: 12/17/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2628415 ☐ 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

LARCHE, W. LAWRENCE
ONE BOCA PLACE, STE 319A
2255 GLADES ROAD
BOCA RATON FL 33441

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOST, SALLY		1.2 NAME		
STREET ADDRESS	2850 SE 5TH CIR, 24A		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LARCHE, KAY B.		2.2 NAME		
STREET ADDRESS	4953 PALM RIDGE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CABLE, RICK		3.2 NAME		
STREET ADDRESS	1205 NW 13TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DUNCAN, WILLIAM		4.2 NAME		
STREET ADDRESS	740 HORIZON W.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	V.P.	☐ Change ☒ Addition
NAME	SCHOENHOFER, DAVID		5.2 NAME	VERNE HEIPLER	
STREET ADDRESS	108 NW 16TH ST		5.3 STREET ADDRESS	606 N.W. 13TH ST. 28	
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP	BOCA RATON, FL. 33486	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sally Host Jan. 26 1996 407 736-8613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #