

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 27 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 # **N21759** (8)

1. Corporation Name

SOUTH WEST FLORIDA CHEF'S ASSOCIATION, INC.



Principal Place of Business C/O ROSEMARIE DRYGALA 423 S.W. 34TH STREET CAPE CORAL FL 33914-7822	Mailing Address C/O ROSEMARIE DRYGALA 423 S.W. 34TH STREET CAPE CORAL FL 33914-7822
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/29/1987		3a. Date of Last Report 02/21/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0029036		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, DELBERT W
142 SE 19TH STREET
CAPE CORAL FL 33990**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V SCHNEIDER, MICHAEL	1.2 NAME	JOHN ANDERSON
STREET ADDRESS	27583 LOS AMIGOS LANE	1.3 STREET ADDRESS	14044 CARIBBEAN BLVD
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD TREUHEIT WILLIAM	2.2 NAME	JACKELIAS
STREET ADDRESS	17171 KNIGHT DRIVE	2.3 STREET ADDRESS	2106 AR 1610 CORNWALLIS PARKWAY
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROELLKES, HORST	3.2 NAME	HANSBERG
STREET ADDRESS	323 BAYSHORE DR.	3.3 STREET ADDRESS	2106 ARBOUR WALK CIRCLE #2816
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LOWY, JACK H.	4.2 NAME	WILLIAM TREUHEIT
STREET ADDRESS	9488 LAKE VIEW BLVD. E5	4.3 STREET ADDRESS	17171 KNIGHT DR
CITY-ST-ZIP	N. FORT MYERS FL	4.4 CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ SIGNATURE REQUIRED FOR REINSTATE

CP2E037 (4/97)