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Feb 18 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 # N33535 (8)
1. Corporation Name

AMERICAN CULINARY FEDERATION, TAMPA BAY CHEFS AND COOKS ASSOCIATION, INC.



Principal Place of Business Mailing Address
PO BOX 15891 TAMPA FL 33684 US
PO BOX 15891 TAMPA FL 33684-5891 US

3. Date Incorporated or Qualified 08/03/1989
3a. Date of Last Report 04/08/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number NOT APPLICABLE
Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AFFLIXIO, STEVE M
9208 WOODBAY DRIVE
TAMPA FL 33626

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 *Steve M. Afflixio* 3/04/97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AFFLIXIO, STEVE	
STREET ADDRESS	9208 WOODBAY DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LUCARDIE, FREDERIK J	
STREET ADDRESS	3603 S. MACDILL AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TINGLER, SHELLEY	
STREET ADDRESS	1515 SOUTH WESTSHORE BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BENTON, RAY	
STREET ADDRESS	8849 EASTHAVEN CT.	
CITY-ST-ZIP	NEW PT. RICHEY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, ERIC	
STREET ADDRESS	4009 WEST LEONA	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	→ 33629-8907
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	→ 34655
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Steve M. Afflixio* 02-04-97 (813) 237-0803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049300

CR2E037 (9/96)