

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N35444

(1)

1. Corporation Name

SHARE A MEAL, INC.

Principal Place of Business

516 N.E. 12TH AVENUE  
FORT LAUDERDALE FL 33301

Mailing Address

516 N.E. 12TH AVENUE  
FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified  
11/27/1989

3n. Date of Last Report  
05/01/1995

4. FEI Number  
65-0187999

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

2. Principal Place of Business

21 2000 N Dixie Hwy

2n. Mailing Address

26 2000 N Dixie Hwy

Suite, Apt. #, etc.

22 APT # 5

Suite, Apt. #, etc.

27 APT # 5

City & State

23 WILTON MANORS, FL

City & State

28 WILTON MANORS, FL

Zip

24 33305

Country

25 USA

Zip

29 33305

Country

30 USA

9. Name and Address of Current Registered Agent

GRAY, WILLIAM J.  
ONE BISCAYNE TOWER  
SUITE 2500  
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KEUTER, KIRK FRANK  
STREET ADDRESS 22298 BUSHING STREET  
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE D  
NAME OBER, RICHARD NASON  
STREET ADDRESS 516 N.E. 12TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL ☒ DELETE

TITLE D  
NAME BONANNO, DOROTHY A  
STREET ADDRESS 7946 NW 10TH ST.  
CITY-ST-ZIP PLANTATION FL ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONAL CHANGES TO THE CORPORATION'S INFORMATION  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
600001809308  
-07/19/96--01088--016  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

2.1 TITLE D  
2.2 NAME OBER, RICHARD NASON  
2.3 STREET ADDRESS 2000 N Dixie Hwy - # 5  
2.4 CITY-ST-ZIP WILTON MANORS, FL 33305 ☒ Change ☐ Addition

3.1 TITLE D  
3.2 NAME JUDITH SCOTT  
3.3 STREET ADDRESS 9001 SOUTHERN ORCHARD RD, No.  
3.4 CITY-ST-ZIP DAYIE, FL 33328 ☐ Change ☒ Addition

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Richard N. Ober  
Richard N. Ober

4-24-96 (954) 630-0828

Date

Daytime Phone #