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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 # N40096 (2)

1. Corporation Name

ACF WEST CENTRAL FLORIDA PROFESSIONAL CHEF'S & CULINARIANS, INC.



Principal Place of Business

Mailing Address

4115 HENDERSON BLVD.  
A  
TAMPA FL 33629  
US

4115 HENDERSON BLVD.  
A  
TAMPA FL 33629-5749  
US

3. Date Incorporated or Qualified  
09/07/1990

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
59-3053386

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

10. Name and Address of New Registered Agent

MICKIEWICZ, RAY  
4115 A HENDERSON BLVD.  
A  
TAMPA FL 33629

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

2/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MICKIEWICZ, RAY	
STREET ADDRESS	4114-A HENDERSON BLVD.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREWER, DAVID	
STREET ADDRESS	1114 CINNAMON WAY, E	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIOTT, BOBBY	
STREET ADDRESS	1755 W BRANDON BLVD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMSON, RUSSEL	
STREET ADDRESS	14196 FENNSBURY DR.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICKIEWICZ, JOAN	
STREET ADDRESS	4115 A HENDERSON BLVD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMSON, RUSSELL	
STREET ADDRESS	14196 FENNSBURY DR	
CITY-ST-ZIP	TAMPA FL	

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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

Date

Daytime Phone # 0048886

CR2E037 (9/96)