

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90054 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40096

1. Corporation Name

**ACF WEST CENTRAL FLORIDA PROFESSIONAL CHEF'S & C
 LINARIANS, INC.**

Principal Place of Business

4115 HENDERSON BLVD.

A

TAMPA FL 33629

US

Mailing Address

4115 HENDERSON BLVD.

A

TAMPA FL 33629

US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/07/1990
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3053386
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKIEWICZ, RAY	1.2 NAME	
STREET ADDRESS	4114-A HENDERSON BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREWER, DAVID	2.2 NAME	VICE PRESIDENT
STREET ADDRESS	1114 CINNAMON WAY, E	2.3 STREET ADDRESS	JAMES ECKHARDT
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	10115 CEDAR DUNE DR.
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, BOBBY	3.2 NAME	
STREET ADDRESS	1755 W BRANDON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMSON, RUSSEL	4.2 NAME	
STREET ADDRESS	14196 FENNSBURY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKIEWICZ, JOAN	5.2 NAME	
STREET ADDRESS	4115 A HENDERSON BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMSON, RUSSELL	6.2 NAME	
STREET ADDRESS	14196 FENNSBURY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/99 813-837-4420

CR2E037 (11/98)