

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N50008** (4)

1. Corporation Name
AMERICA'S FOOD PARTNERSHIP, INC.



Principal Place of Business: **6573 MARISSA LOOP. #1902 NAPLES FL 33963-7200 US**
Mailing Address: **6573 MARISSA LOOP. #1902 NAPLES FL 33963-7200 US**

3. Date Incorporated or Qualified: **07/22/1992**
3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business
21 **8395 EXCALIBUR CR**
Suite, Apt. #, etc. **APT E9**
City & State **NAPLES FL**
Zip **33963** Country **US**
22 **APT E9**
23 **NAPLES FL**
24 **33963** 25 **US**
2a. Mailing Address
26 **8395 EXCALIBUR CR**
Suite, Apt. #, etc. **APT E9**
City & State **NAPLES FL**
Zip **33963** Country **US**
27 **APT E9**
28 **NAPLES FL**
29 **33963** 30 **US**

4. FEI Number: **65-0347070**
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
**LIEBERFARB, STANLEY J
4001 TAMiami TRAIL NORTH, SUITE 330
NAPLES FL 33940**
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: _____ (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: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GREEN, BARBARA		1.2 NAME: GREEN, BARBARA	
STREET ADDRESS: 6573 MARISSA LOOP, #1902		1.3 STREET ADDRESS: 8395 EXCALIBUR CR, E9	
CITY-ST-ZIP: NAPLES FL 33963-7200		1.4 CITY-ST-ZIP: NAPLES, FL 33963	
TITLE: SD	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LIEBERFARB, STAN		2.2 NAME:	
STREET ADDRESS: 4001 TAMiami TRAIL N.		2.3 STREET ADDRESS:	
CITY-ST-ZIP: NAPLES FL 33940		2.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BAUM, JEROME		3.2 NAME:	
STREET ADDRESS: 37 ALEXANDRIA DRIVE		3.3 STREET ADDRESS:	
CITY-ST-ZIP: MANALAPAN NJ 07726		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
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 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: Barbara Green Date: Apr. 19, 1996 Daytime Phone #: 941-598-9496

CR2E037 (12/95)