

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N50008 (4)**  
1. Corporation Name  
**AMERICA'S FOOD PARTNERSHIP, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>6573 MARISSA LOOP. #1802<br/>NAPLES FL 33963-7200<br/>US</b> | Mailing Address<br><b>8395 EXCALIBUR CR<br/>APT. E9<br/>NAPLES FL 34108-7743<br/>US</b> |
|--|---|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>07/22/1992</b>  | 3a. Date of Last Report<br><b>04/24/1996</b>           |
| 4. FEI Number<br><b>65-0347070</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |                           |
|---|---------------------------|
| 2. Principal Place of Business<br>21 <b>8395 EXCALIBUR CR</b> | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 <b>APT E9</b>                       | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 <b>NAPLES FL</b>                           | City & State<br>28        |
| Zip<br>24 <b>34108</b>  | Country<br>25 <b>US</b>   |
| Country<br>29   | Zip<br>30                 |

9. Name and Address of Current Registered Agent

**LIEBERFARB, STANLEY J  
4001 TAMAMI TRAIL NORTH, SUITE 330  
NAPLES FL 33940**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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

|                |   |
|----------------|---|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>GREEN, BARBARA</b>                     |
| STREET ADDRESS | <b>8395 EXCALIBUR CR. E9</b>              |
| CITY-ST-ZIP    | <b>NAPLES FL</b>                          |
| TITLE          | <b>SD</b> <input type="checkbox"/> DELETE |
| NAME           | <b>LIEBERFARB, STAN</b>                   |
| STREET ADDRESS | <b>4001 TAMAMI TRAIL N.</b>               |
| CITY-ST-ZIP    | <b>NAPLES FL 33940</b>                    |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>BAUM, JEROME</b>                       |
| STREET ADDRESS | <b>37 ALEXANDRIA DRIVE</b>                |
| CITY-ST-ZIP    | <b>MANALAPAN NJ 07726</b>                 |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 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.

*Barbara Green* (404) 98-9901

CR2E037 (9/96)