

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25347 (6)
 1. Corporation Name
SYSCO FOOD SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business 555 N.E. 185TH STREET MIAMI FL 33179-4512	Mailing Address 555 N.E. 185TH STREET MIAMI FL 33179-4512
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/26/1989	3a. Date of Last Report 01/24/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 74-2541433	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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 607.0502 and 607.1508, 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 607.0505, 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 PD	<input type="checkbox"/> DELETE	1.1 TITLE 1.1 C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCIORTINO, JOSEPH M.		1.2 NAME	
STREET ADDRESS 555 N.E. 185TH ST.		1.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL		1.4 CITY - ST - ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIKER, LA DEE G.		2.2 NAME	
STREET ADDRESS 1390 ENCLAVE PKWY.		2.3 STREET ADDRESS	
CITY - ST - ZIP HOUSTON TX		2.4 CITY - ST - ZIP	
TITLE AS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KURZ, THOMAS P.		3.2 NAME	
STREET ADDRESS 1390 ENCLAVE PKWY.		3.3 STREET ADDRESS	
CITY - ST - ZIP HOUSTON TX		3.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEADRICK, MICHAEL S		4.2 NAME	
STREET ADDRESS 555 N.E. 185TH ST.		4.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Tim Brown	
STREET ADDRESS		5.3 STREET ADDRESS 555 N.E. 185 St	
CITY - ST - ZIP		5.4 CITY - ST - ZIP Miami, FL.	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael S Headrick* Date: **1/24/97** Daytime Phone: **(305) 651-5421**

CR2E034 (9/96)