

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 11:11

DOCUMENT # **P28775** (5)

1. Corporation Name  
**S.C. FOOD SERVICES (U.S.A.), INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**400 FAIRWAY DRIVE  
STE 106  
DEERFIELD BEACH FL 33441  
US**

Mailing Address  
**CORPORATION TRUST CENTER  
1209 ORANGE ST.  
WILMINGTON DE 19801**

3. Date Incorporated or Qualified <b>04/04/1990</b>	3a. Date of Last Report <b>03/24/1994</b>
4. FEI Number <b>23-2568040</b>	Applied For <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>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of Now Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>C</b>	NAME <b>IAN A. MACKAY</b> STREET ADDRESS <b>500 HOOD ROAD, MARKHAM,</b> CITY- ST- ZIP <b>ONTARIO</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>P</b>	NAME <b>LEWIS, MICHAEL J.</b> STREET ADDRESS <b>500 HOOD ROAD</b> CITY- ST- ZIP <b>MARKHAM ON</b>	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b>	NAME <b>TERRY J. WALSH</b> STREET ADDRESS <b>500 HOOD RD</b> CITY- ST- ZIP <b>MARKHAM ON</b>	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b>	NAME <b>KOCH, JERRY</b> STREET ADDRESS <b>500 HOOD ROAD</b> CITY- ST- ZIP <b>MARKHAM ON</b>	1.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b>	NAME <b>NORM B. HAGARTY</b> STREET ADDRESS <b>500 HOOD ROAD</b> CITY- ST- ZIP <b>MARKHAM ON</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b>	NAME <b>GAVIN SWARTZMAN</b> STREET ADDRESS <b>500 HOOD ROAD</b> CITY- ST- ZIP <b>MARKHAM ON</b>	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

PLEASE DELETE.  
MR. HAGARTY LEFT OUR COMPANY.

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 110.07(3)(a), Florida Statutes. I further certify 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:

*Michael J. Lewis*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
**MICHAEL J. LEWIS - PRESIDENT**

Feb. 2, 1995 (905) 946-7200  
DATE TELEPHONE #