

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39935** (2)

1. Corporation Name
R & A FOOD SERVICES, INC.

Principal Place of Business
**370 W CAMINO GARDENS BLVD #200
BOCA RATON FL 33432**

Mailing Address
**14103 DENVER WEST PKWY
PO BOX 4066
GOLDEN CO 80401
US**



2. Principal Place of Business
21 **1801 Clint Moore Rd**
22 **215**
23 **Boca Raton, FL**
24 **33487** 25 **U.S.A.**

2a. Mailing Address
26
27
28
29

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

3. Date Incorporated or Qualified **08/05/1992** 3a. Date of Last Report **03/09/1995**
4. FET Number **75-2433618** 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. 190.032 Florida Statutes Yes No
10. Name and Address of New Registered Agent

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 _____
12. OFFICERS AND DIRECTORS

TITLE	DPTS	<input type="checkbox"/> DELETE
NAME	HARTNETT, ROBERT M.	
STREET ADDRESS	370 W CAMINO GARDENS BLVD #200	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	RAPPAPORT, A.G.	
STREET ADDRESS	370 W CAMINO GARDENS BLVD #200	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECK, LAWRENCE	
STREET ADDRESS	370 W CAMINO GARDENS BLVD #200	
CITY-ST-ZIP	BOCA RATON FL 33432	
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. TITLE	Director, CEO, Treasurer, Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit or
2. NAME	Hartnett, Robert H.	
3. STREET ADDRESS	1801 Clint Moore Rd Suite 215	
4. CITY-ST-ZIP	Boca Raton, FL 33487	
5. TITLE	Director, Vice Chairman, Ad-Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Rappaport, A.G.	
7. STREET ADDRESS	1801 Clint Moore Rd Suite 215	
8. CITY-ST-ZIP	Boca Raton, FL 33487	
9. TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	Beck, Lawrence C.	
11. STREET ADDRESS	1801 Clint Moore Rd Suite 215	
12. CITY-ST-ZIP	Boca Raton, FL 33487	
13. TITLE	Spraight, Terry - President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS	1801 Clint Moore Rd Suite 215	
16. CITY-ST-ZIP	Boca Raton, FL 33487	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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)(c), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 401 995-2223

CR2E034 (12/95)