

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

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P39935 (2)**

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



Principal Place of Business <b>1801 CLINT MOORE ROAD                  SUITE 215                  BOCA RATON FL 33487                  US</b>	Mailing Address <b>14103 DENVER WEST PKWY                  PO BOX 4066                  GOLDEN CO 80401-0066                  US</b>
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3. Date Incorporated or Qualified <b>08/05/1992</b>	3a. Date of Last Report <b>04/10/1996</b>
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2. Principal Place of Business 21. Subc., Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Zip Country
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4. FEI Number <b>75-2433618</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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 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

TITLE <b>DSTC</b>	<input type="checkbox"/> DELETE
NAME <b>HARTNETT, ROBERT M.</b>	
STREET ADDRESS <b>1801 CLINT MOORE ROAD</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>DVES</b>	<input type="checkbox"/> DELETE
NAME <b>RAPPAPORT, A.G.</b>	
STREET ADDRESS <b>1801 CLINT MOORE ROAD SUITE 215</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BECK, LAWRENCE</b>	
STREET ADDRESS <b>1801 CLINT MOORE ROAD SUITE 215</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>SPAIGHT, TERRY</b>	
STREET ADDRESS <b>1801 CLINT MOORE ROAD SUITE 215</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>DV</b>	<input checked="" 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 <b>PC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Dupree, Phil</b>	
5.3 STREET ADDRESS <b>1801 Clint Moore Road Suite 215</b>	
5.4 CITY-ST-ZIP <b>Boca Raton, FL</b>	
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 607, Florida Statutes; and that my name appears in Block \*2 or Block \*3 if changed, or in an attachment with an address.

SIGNATURE: *Phil Dupree* DATE: **3/21/97** DAYTIME PHONE: **561-989-1902**

CR2E034 (9/96)