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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P39935

(2)

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



Principal Place of Business
1801 CLINT MOORE ROAD
SUITE 215
BOCA RATON FL 33487
US

Mailing Address
14103 DENVER WEST PKWY
PO BOX 4086
GOLDEN CO 80401-0086
US

3. Date Incorporated or Qualified 08/05/1992
3a. Date of Last Report 04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 DSTC
NAME HARTNETT, ROBERT M.
STREET ADDRESS 1801 CLINT MOORE ROAD
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE DS
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVES
NAME RAPPAPORT, A.G.
STREET ADDRESS 1801 CLINT MOORE ROAD SUITE 215
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE DV
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME BECK, LAWRENCE
STREET ADDRESS 1801 CLINT MOORE ROAD SUITE 215
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PC
NAME SPAIGHT, TERRY
STREET ADDRESS 1801 CLINT MOORE ROAD SUITE 215
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE PC
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE V
5.2 NAME Dupree, Phil
5.3 STREET ADDRESS 1801 Clint Moore Road Suite 215
5.4 CITY-ST-ZIP Boca Raton, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

561-989-1902

Date

Daytime Phone #

0496756

CR2E034 (9/96)