

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000029635 (8)

1. Corporation Name

192 FOOD ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~1800 2ND ST~~
~~SUITE 900~~
SARASOTA FL 34236

~~1800 2ND ST~~
~~SUITE 900~~
SARASOTA FL 34236

2. Principal Place of Business

21 1425 West New Haven Ave

2a. Mailing Address

26 1999 Lincoln Drive, 202B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 West Melbourne, FL.

27 City & State

28 Sarasota, Florida

24 Zip 32904

Country

29 Zip 34236

Country

9. Name and Address of Current Registered Agent

ACKERMAN, GARY D

~~1800 2ND ST~~
~~SUITE 900~~
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1999 Lincoln Drive, Suite 202B

83

84 City

Sarasota, FL. 34236 FL

85 Zip Code

3. Date Incorporated or Qualified

04/22/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0416912

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

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

Signature, typed or printed name of registered agent, or both, if applicable

(If filer is Registered Agent Signature required when remaining)

Date

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME COFFIN, CHRISTOPHER J

STREET ADDRESS ~~1800 SECOND ST., STE. 900~~

CITY-ST-ZIP SARASOTA FL

TITLE VPS ☐ DELETE

NAME ACKERMAN, GARY D

STREET ADDRESS ~~1800 SECOND ST., STE. 900~~

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

1999 Lincoln Drive, Suite 202B
Sarasota, Florida 34236

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

1999 Lincoln Drive, Suite 202B
Sarasota, Florida 34236

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 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)(k), 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

Date

Daytime Phone

CR2E034 (12/95)