

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 27 **Sarasota, Florida**
23 **West Melbourne, FL.** 28 **Sarasota, Florida**
Zip 24 **32904** Country 25 Country 29 **34236** 30

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

9. Name and Address of Current Registered Agent 81 Name **ACKERMAN, GARY D**
~~1800 2ND ST SUITE 900 SARASOTA FL 34236~~ 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

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 _____ (Print name, typed or printed name of registered agent, or both if applicable) (Print Registered Agent Signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFIN, CHRISTOPHER J	1.2 NAME	
STREET ADDRESS	1800 SECOND ST., STE. 900	1.3 STREET ADDRESS	1999 Lincoln Drive, Suite 202B
CITY- ST- ZIP	SARASOTA FL	1.4 CITY- ST- ZIP	Sarasota, Florida 34236
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERMAN, GARY D	2.2 NAME	
STREET ADDRESS	1800 SECOND ST., STE. 900	2.3 STREET ADDRESS	1999 Lincoln Drive, Suite 202B
CITY- ST- ZIP	SARASOTA FL	2.4 CITY- ST- ZIP	Sarasota, Florida 34236
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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]* U.P. 4/6/96 941-365-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (12/95)