

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

FILED
Mar 02 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 1998 | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|--|

DOCUMENT # P94000006977 (0)

1. Corporation Name
NL FOOD SERVICE, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 390 NORTH CONGRESS AVE BOYNTON BEACH FL 33426 | 390 NORTH CONGRESS AVE BOYNTON BEACH FL 33426 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/28/1994 | 3a. Date of Last Report 02/28/1997 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 6246 LUCERNE STREET Suite, Apt. #, etc. | 2a 6246 LUCERNE STREET Suite, Apt. #, etc. |
| 22 City & State PALM BEACH GARDENS FL | 27 City & State PALM BEACH GARDENS FL |
| 23 Zip Country 33418 USA | 28 Zip Country 33418 USA |

| | |
|---|--|
| 4. FEI Number 65-0467834 | 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

KOHLHORST, DONALD
390 NORTH CONGRESS AVENUE
BOYNTON BEACH, FL 33426

10. Name and Address of New Registered Agent

| | |
|---|-----------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) 6246 LUCERNE STREET | FL 33418 |
| 83 | |
| 84 City PALM BEACH GARDENS | |

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 NAME STREET ADDRESS CITY - ST - ZIP | DP TRINGALI, S. JAMES 390 N. CONGRESS AVE. BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST TRINGALI, JOHN M. 390 N. CONGRESS AVE. BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV KOHLHORST, DONALD 390 N. CONGRESS AVE. BOYNTON BEACH, FL 33426 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 6246 LUCERNE STREET |
| 3.4 CITY - ST - ZIP | PALM BEACH GARDENS, FL 33418 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | 800002445018 |
| 6.4 CITY - ST - ZIP | -03/03/98--01011--022 ***150.00 |

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 2/23/98 994-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)