FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:17

DOCUMENT # **P94000017279 (8)**

1. Corporation Name
FOODSERVICE MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
6490 GRIFFIN ROAD STE. 103 DAVIE FL 33314	6490 GRIFFIN ROAD STE. 103 DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1800 SW 3RD STREET
22 Suite, Apt. #, etc.
23 City & State: POMPANO BEACH, FL
24 Zip: 33069
25 Country:

2a. Mailing Address
26 1800 SW 3RD STREET
27 Suite, Apt. #, etc.
28 City & State: POMPANO BEACH, FL
29 Zip: 33069
30 Country:

4. FEI Number: 65-0471697 ☐ 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

GOODKIND, BRIAN K
2601 SOUTH BAYSHORE DRIVE
STE. 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	PRES.- DIRECTOR	☐ Change ☒ Addition
NAME		12 NAME	CRAIG TRIMBLE	
STREET ADDRESS		13 STREET ADDRESS	1800 SW 3RD STREET	
CITY ST ZIP		14 CITY ST ZIP	POMPANO BEACH FL 33069	
TITLE		21 TITLE	SEC.-TREAS.+ DIRECTOR	☐ Change ☒ Addition
NAME		22 NAME	JAMES P. BENNETT	
STREET ADDRESS		23 STREET ADDRESS	1800 SW 3RD STREET	
CITY ST ZIP		24 CITY ST ZIP	POMPANO BEACH, FL 33069	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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: _____ 3/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0223189 CP