

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000043229 (1)**

1. Corporation Name
SPORT CHEF, INC.



Principal Place of Business: **283 INTERSTATE CT. SARASOTA FL 34240**
Mailing Address: **283 INTERSTATE CT. SARASOTA FL 34240**

3. Date Incorporated or Qualified: **06/09/1994**
3a. Date of Last Report: **10/17/1995**
4. FEI Number: **65-0507759**
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

2. Principal Place of Business: **21 6223 McIntosh Road South**
Suite, Apt. #, etc.
22 City & State: **23 SARASOTA, FL**
24 Zip: **34238** 25 Country
2a. Mailing Address: **26 6223 McIntosh Road South**
Suite, Apt. #, etc.
27 City & State: **28 SARASOTA, FL**
29 Zip: **34238** 30 Country

9. Name and Address of Current Registered Agent
GARABEDIAN, SUELLEN M
1845 HILLVIEW
SARASOTA FL 34239

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **6223 McIntosh Road South**
83 **4728 Robin Hood Trail**
84 City: **Sarasota, FL** 85 Zip Code: **34238**

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: *Suellen M Garabedian* DATE: **4-29-96**
Signature, typed or printed name of registered agent and his/her title (state) (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARABEDIAN, THOMAS	
STREET ADDRESS	4728 ROBINHOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARABEDIAN, SUELLEN M	
STREET ADDRESS	4728 ROBINHOOD TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BRUCE MILLER
3.3 STREET ADDRESS	6223 McIntosh Road South
3.4 CITY-ST-ZIP	Sarasota, FL, 34238
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	
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: *Bruce Miller* DATE: **4-27-96**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)