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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

Change

Addition

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000043229 (1)

SPORT CHEF, INC.

CITY - ST - ZIP

CHTY-ST-ZIF

appears in Block 12 or Block

TITLE

NAME STHEET ADDRESS

Principal Place of Business Mailing Address 6223 MCINTOSH ROAD, 8. 6223 MCINTOSH ROAD. S SARASOTA FL 34238 SARASOTA FL 34238-2710 3. Date Incorporated or Qualified 3a. Date of Last Report 06/09/1994 05/01/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0507759 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes No 30 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARABEDIAN, SUELLEN M 6223 MCINTOSH ROAD SOUTH Street Address (P.O. Box Number is Not Acceptable) 82 4728 ROBIN HOOD TRAIL 83 SARASOTA FL 34238 Zip Code 84 City 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 Stgriative, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 96/6) 13. Change Addition DELETE TITLE 1.1 TITLE GARABEDIAN, THOMAS NAME 1.2 NAME **4728 ROBINHOOD TRAIL** 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY: ST-7/2 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TillE GARABEDIAN, SUELLEN M NAME 2.2 NAME 4728 ROBINHOOD TRAIL STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP 2.4 City-ST-ZiP DELETE Change Addition TITLE 3.1 TITLE **BRUCE MILLER** 3.2 NAME NAME 6223 MCINTOSH ROAD, S 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition THLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

BRUCEMILLE 4-29-97 SIGNATURE:

6 1 TITLE

62 NAME

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 trustge 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 or the statute of the corporation of the corporation of the statutes of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**6.3 STREET ADDRESS** 6.4 City - ST - ZiP

DELETE