

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 # P95000008376 (2)

1. Corporation Name

SHEPPARD FOODSERVICE, INC.



Principal Place of Business

Mailing Address

100 S.E. SECOND STREET
17TH FLOOR
MIAMI FL 33131

100 S.E. SECOND STREET
17TH FLOOR
MIAMI FL 33131

3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

2. Principal Place of Business

21 701 Brickell Avenue

2a. Mailing Address

26 701 Brickell Avenue

4. FEI Number

65-0557937

Applied For

Not Applicable

22 Suite, Apt. #, etc.

22 Suite 1600

27 Suite, Apt. #, etc.

27 Suite 1600

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

23 Miami, Florida

28 City & State

28 Miami, Florida

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

24 33131

Country

25 U.S.A.

29 Zip

29 33131

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARNER, JONATHAN H

~~100 S.E. SECOND STREET~~

~~17TH FLOOR~~

~~MIAMI FL 33131~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

82 701 Brickell Avenue

83 Suite 1600

84 City Miami

FL 85 Zip Code 33131-2827

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President/Director

NAME Saul Zalka

STREET ADDRESS 5545 N.W. 35th Avenue, #15

CITY - ST - ZIP Ft. Lauderdale, FL 33309

TITLE Secretary/Director

NAME Gustave Minkin

STREET ADDRESS 5545 N.W. 35th Avenue, #15

CITY - ST - ZIP Ft. Lauderdale, FL 33309

TITLE Treasurer/Director

NAME Malvin Avchen

STREET ADDRESS 5545 N.W. 35th Avenue, #15

CITY - ST - ZIP Ft. Lauderdale, FL 33309

TITLE Vice President

NAME Jon Lawhun

STREET ADDRESS 5545 N.W. 35th Avenue, #15

CITY - ST - ZIP Ft. Lauderdale, FL 33309

TITLE Vice President

NAME James Heston

STREET ADDRESS 5545 N.W. 35th Avenue, #15

CITY - ST - ZIP Ft. Lauderdale, FL 33309

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)