


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

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Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000020620 (7)			
1. Corporation Name: CUISINE ON CALL, INC.			
Principal Place of Business 9951 ATLANTIC BLVD 114-116 JACKSONVILLE FL 32225 US		Mailing Address 9951 ATLANTIC BLVD 114-116 JACKSONVILLE FL 32225-0504 US	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent ALLIE, KIMBERLY S 9951 ATLANTIC BOULEVARD SUITE 114-116 JACKSONVILLE FL 32225		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS 12.1 NAME: D ALLIE, KIMBERLY S 12.2 STREET ADDRESS: 9951 ATLANTIC BOULEVARD STE 114-116 12.3 CITY - ST - ZIP: JACKSONVILLE FL 32225 12.4 NAME: D BENTON, FREDERICK G 12.5 STREET ADDRESS: C/O 9951 ATLANTIC BLVD STE 114-116 12.6 CITY - ST - ZIP: JACKSONVILLE FL 32225 12.7 NAME: _____ 12.8 STREET ADDRESS: _____ 12.9 CITY - ST - ZIP: _____ 12.10 NAME: _____ 12.11 STREET ADDRESS: _____ 12.12 CITY - ST - ZIP: _____ 12.13 NAME: _____ 12.14 STREET ADDRESS: _____ 12.15 CITY - ST - ZIP: _____			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE: _____ 13.2 NAME: _____ 13.3 STREET ADDRESS: _____ 13.4 CITY - ST - ZIP: _____ 13.5 TITLE: _____ 13.6 NAME: _____ 13.7 STREET ADDRESS: _____ 13.8 CITY - ST - ZIP: _____ 13.9 TITLE: _____ 13.10 NAME: _____ 13.11 STREET ADDRESS: _____ 13.12 CITY - ST - ZIP: _____ 13.13 TITLE: _____ 13.14 NAME: _____ 13.15 STREET ADDRESS: _____ 13.16 CITY - ST - ZIP: _____ 13.17 TITLE: _____ 13.18 NAME: _____ 13.19 STREET ADDRESS: _____ 13.20 CITY - ST - ZIP: _____			
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: <i>Kimberly S Allie</i> <i>March 24, 1997</i> <i>91600388</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			



CR2E034 (9/96)