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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000022055**

1. Corporation Name

**HEARTLAND FOOD MANAGEMENT CORPORATION**

Principal Place of Business

**2320 GALIANO STREET  
CORAL GABLES FL 33134**

Mailing Address

**2320 GALIANO STREET  
CORAL GABLES FL 33134**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**FRISCH, KLAUS  
2504 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

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

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

(NOTE: Registered Agent signature required when a new change)

DATE

12. OFFICERS AND DIRECTORS

TITLE P [ ] DELETE

**NAME FRISCH, KLAUS  
STREET ADDRESS 2504 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134**

TITLE ST [ ] DELETE

**NAME FRISCH, AMEE  
STREET ADDRESS 2504 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134**

TITLE [ ] DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE [ ] DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE [ ] DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE [ ] DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP [ ] Change [ ] Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP [ ] Change [ ] Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP [ ] Change [ ] Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP [ ] Change [ ] Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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14. I 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/99

305 567 0330