

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

FILED

Jul 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000082030 (3)**

1. Corporation Name
SALAD CHEF U.S.A., INC.



Principal Place of Business 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802	Mailing Address 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32811-4240
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2. Principal Place of Business 21 5400 North Dixie Hwy. Suite, Apt. #, etc. 22 7A City & State 23 Boca Raton, FL Zip 24 33487		26. Mailing Address 26 P.O. Box 810488 Suite, Apt. #, etc. 27 City & State 28 Boca Raton, FL Zip 29 33481 Country 30 USA		3. Date Incorporated or Qualified 10/03/1996	3a. Date of Last Report
4. FEI Number 65-0705401		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BLUMBERG EXCELSIOR CORPORATE SERVICES INC. 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802		10. Name and Address of New Registered Agent 81 Name Gary G. Bal 82 Street Address (P.O. Box Number is Not Acceptable) 3349 NW 23 Court 83 84 City Boca Raton FL 85 Zip Code 33431	
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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]* DATE **7-8-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMIRTO, LAWRENCE G	1.2 NAME	
STREET ADDRESS	785 SO. CONGRESS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P,D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAL, GARY G	2.2 NAME	Bal, Gary G.
STREET ADDRESS	785 SO. CONGRESS AVE.	2.3 STREET ADDRESS	3349 NW 23 Court
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S, T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Debra A. Bal
STREET ADDRESS		3.3 STREET ADDRESS	3349 NW 23 Court
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, 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]* **DEBRA A. BAL**
SECRETARY

CR2E034 (9/96)