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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # \$28143

(3)

SCANWILL GOURMET FOOD SERVICE, INC.

Mailing Address Principal Place of Business 1627 NORTHWEST 38TH AVE. 1627 NORTHWEST 38TH AVE. FT. LAUDERDALE FL 33311-4116 FT. LAUDERDALE FL 33311 3. Date Incorporated or Qualified 3a. Date of Last Report 01/28/1991 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0240382 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Country Country Zip This corporation has liability for intangible tax under s. 199.032 🔀 Yes 🗌 No 29 30 Florida Statutes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PAULSEN, GUDMUND 9433 CHELSEA DR Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324 B**3 84 City Zip Code 85 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 educe 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 13. DELETE Change Addition TITLE 1.1 TITLE PAULSEN, GUDMUND 1.2 NAME 9433 CHELSEA DRIVE N. 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 1.4 CITY - ST - ZIP CITY-SI-ZIP Charge Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CH1Y - \$1 - 7H1 DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CHTY - S1 - ZIF Addition unn □ DELETE 4.1 TITLE Change 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - ZIF Change Addition THEF DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 eath; 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.

FILED May 14 1997 8:00am Secretary of State

