SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT QUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #
1. Corporation Name (8)FOOD MANAGEMENT OF AMERICA, INC. Mailing Address Principal Place of Business 16100 FAIRCHILD DR 16100 FAIRCHILD DR STE E201 STE E201 **CLEARWATER FL 34622** 3. Date Incorporated or Qualified 3a. Date of Last Report LEARWATER FL 34622 08/05/1991 05/01/1995 Applied For 4. FEI Number 2. Principal Place of Business 4890 W. Not Applicable 59-3078701 4890 W. Kennd \$8.75 Additional 5. Certificate of Status Desired Suite, Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s 199 032. Florida Statutes Yes X No 29 Name and Address of New Registered Agent 81 Name CRITHFIELD, DUANE 82 16100 FAIRCHILD DR #105/106 83 **CLEARWATER FL 34622** 33609 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT). Her) stern 1 Agent's goat ito required which releast dogs ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)OFFICERS AND DIRECTORS 13. 12. Change Addition 1 1 TITLE DELETE PDS TITLE CR2E034 1.2 NAME CRITHFIELD, DUANE J NAME 1.3 STREET ADDRESS 2502 ROCKY POINT DR STREET ADDRESS 1.4 CITY - ST-ZIP TAMPA FL Change Addition CITY - ST - ZIP DE LETE 21 TITLE TITLE 2.2 NAME DONALDSON, STEPHEN P NAME 2.3 STREET ADDRESS 2502 ROCKY POINT DR STREET ADDRESS 2 4 City - ST- ZiP TAMPA FL CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY - ST - 7IP ____ Change ____ Addition DELETE 41 TILLE TITLE 4 2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5.1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZiP Change Addition CITY-ST-ZIP DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this fing 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 617, Florida Statutes and that my name appears in Brock 12 or Block 13 if changed or on an attachment with an address. 64 CiTY+S1 ZiP

OFFICER OR DIRECTOR

SIGNATURE:

7/31 813-287-1515