

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **627427** (8)

1. Corporation Name

CONSOLIDATED FOOD SYSTEMS, INC.



Principal Place of Business

Mailing Address

113 SW 11TH COURT
STE C
FT. LAUD FL 33315
US

WATSON, LOVING & FORMAN, PA
350 SE 2ND STREET SUITE 200
FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified 06/26/1979	3a. Date of Last Report 03/02/1995
4. FEI Number 59-1972098	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	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. City & State Zip	24. Country	25. Country	26. JACK R. LOVING	27. 1323 S.E. 3RD AVENUE	28. FORT LAUDERDALE, FLORIDA	29. 33316	30. Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVING, JACK R
% WATSON, LOVING & FORMAN PA
350 SE 2ND STREET, SUITE 200
FT LAUDERDALE FL 33301

81. Name JACK R. LOVING
82. Street Address (P.O. Box Number is Not Acceptable) 1323 S.E. 3RD AVENUE
83. City FORT LAUDERDALE, FLORIDA FL
84. Zip Code 33316

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Jack R. Loving* JACK R. LOVING 1/22/96
NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: ASHLIN, DANIEL B. STREET ADDRESS: 113 S.W. 11TH COURT, SUITE C CITY, ST, ZIP: FT LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	2.2 NAME
TITLE: <input type="checkbox"/> DELETE	2.3 STREET ADDRESS
TITLE: <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	3.2 NAME
TITLE: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS
TITLE: <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	4.2 NAME
TITLE: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE: <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	5.2 NAME
TITLE: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	6.2 NAME
TITLE: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if married, or on an attachment with an address.

SIGNATURE:

Daniel B. Ashlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL B. ASHLIN

Date

(954) 766-9800

Daytime Phone #

CR2E034 (12/95)