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 # **853398** **(6)**

1. Corporation Name

PARAMOUNT RESTAURANT SUPPLY CORP.

Principal Place of Business	Mailing Address
333 HARBORSIDE BLVD. P.O. BOX 6768 PROVIDENCE RI 02940-6768	333 HARBORSIDE BLVD. P.O. BOX 6768 PROVIDENCE RI 02940-6768

2. Principal Place of Business	2a. Mailing Address
21 Providence	26 333 Harborside Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Providence	City & State 28 RI
Zip 24 02940 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 07/09/1982

3a. Date of Last Report: 02/15/1995

4. FEI Number: 05-0245699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent's signature required if agent is changed.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, DAVID		1.2 NAME	
STREET ADDRESS	8 WOODLAND TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI		1.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	O'DONNELL, ROBERT		2.2 NAME	
STREET ADDRESS	70 CUMBERLAND ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI		2.4 CITY-ST-ZIP	
TITLE	VDT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NAHIGIAN, LEON		3.2 NAME	
STREET ADDRESS	144 RANGELEY ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	CRANSTON RI		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, LARRY		4.2 NAME	
STREET ADDRESS	265 FREEMAN PARKWAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCGARRY, STEPHEN		5.2 NAME	
STREET ADDRESS	77 HOMESTEAD AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	WARWICK RI		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 changed, or on an attachment with an address.

SIGNATURE: Robert O'Donnell Robert O'Donnell, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96
Date

401-781-0600
Daytime Phone #