

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000031431 (7)

1. Corporation Name
BVL FOODSERVICE, INC.



Principal Place of Business: 13129 CIMARRON CIRCLE NORTH LARGO FL 34644
Mailing Address: 13129 CIMARRON CIRCLE NORTH LARGO FL 34644

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-3240978
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

2. Principal Place of Business: 21 1939 Osceola Pkwy., 22 Suite, Apt. #, etc., 23 City & State: Kissimmee, FL, 24 Zip: 34741, 25 Country
2a. Mailing Address: 26 1304 North Bay Street, 27 Suite, Apt. #, etc., 28 City & State: Kissimmee, FL, 29 Zip: 34744, 30 Country

9. Name and Address of Current Registered Agent: GEORGE L. HAYES III SERVICES, INC., 696 1ST AVENUE NORTH SUITE 303 ST. PETERSBURG FL 33701
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retained.) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNESS, DANIEL W	12 NAME	YOUNESS, DANIEL W.
STREET ADDRESS	13129 CIMARRON CIRCLE NORTH	13 STREET ADDRESS	13000 PARK BLVD.
CITY - ST - ZIP	LARGO FL 34644	14 CITY - ST - ZIP	SEMINOLE, FL 34646
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNESS, ANGELINE	22 NAME	YOUNESS, ANGELINE
STREET ADDRESS	13129 CIMARRON CIRCLE NORTH	23 STREET ADDRESS	13000 PARK BLVD.
CITY - ST - ZIP	LARGO FL 34644	24 CITY - ST - ZIP	SEMINOLE, FL 34646
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 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: *[Signature]* 3/20/96 407 6972052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)