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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 508231

D & S RESTAURANT EQUIPMENT COMPANY

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Principal Place	e of Business		Mailing Address	•			,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7640 MATOAKA	A ROAD		7640 MATOAKA ROAD					,	
SARASOTA FL		n M	SARASOTA FL 34243						
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		ું કું.					3. Date Incorporated or Qualifed 08/02/1976		
20::10	U		2a. Mailing Address				4. FEI Number		Applied For
<b>–</b>	lace of Business	. · ·	<b>⊢</b>				59-1685135	<del> </del> -	Not Applicable
21	# ata		Suite, Apt. #, etc.			_	33 1003 133		5 Additional
Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·	27				5. Certifcate of Status Desired	☐ Fee	Required
City & Stat			City & State			一段安心	6. Election Campaign Financing		May Be od to Fees
Žip	Co	untry has also and	业价为 Zip X X X · · · · · · · · · · · · · · · ·	±a l* Cou	ntry	Treeting.	8. This corporation owes the cur	rent year Intangible	3
24	25		29	30			Personal Property Tax.		□No
	9. Name and A	ddress of Current	Registered Agent				10. Name and Address of New	Registered Agent	
					81 Na	me			
	)WN, PHILLIP R				<b>82</b> Str	oot Addro	se (P.O. Boy Number is Not Accept	able)	
640 N BRINK AVE					<b>02</b> 311	reet Address (P.O. Box Number is Not Acceptable)			. The refer toos
SAR	iasota fl 34237	•			83		· · · · · · · · · · · · · · · · · · ·	国。中国创新教育	
		***					1. 2. 3.4. 智格性的 (特殊		E Constitution
					84 Cit	y	* * *	FL 85 Z	ip Code
11. Pursuant	to the provisions of	Sections 607.0502	and 607,1508, Florida Statu	tes, the al	oove-nan	ned corpo	ration submits this statement for the	purpose of changing	its registered
office or r	registered agent, or	both, in the State of	Florida, Such change was a	authorized	by the c	orporation	nation submits this statement of the his board of directors. I hereby acce	pt the appointment as	registered
agent. i a	im tarmilar with, and	accept the obligation	als of, Section 607.0505, Fit	onua sian	H_ <sub>ea</sub> ,L	ROU	\	11-99	
CHARLICE	1	O	C. Series (10)	(4)					
SIGNATURE	Signature, typed or printed	name of registered agent a	nd title if applicable (NOT	E: Registered	Agent signa			DATE	
	Signature, typed or printed	name of registered agent a		E: Registered	Agent signa			FICERS AND DIREC	TORS IN 12
12.	Signature, typed or printed	name of registered agent a OFFICERS AND					when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND DIREC	
<b>12.</b> TITLE	Signature, typed or printed	OFFICERS AND	DIRECTORS	13.	LE		when reinstating)		
12. TITLE NAME	P BROWN, DARR	OFFICERS AND	DIRECTORS	13. 1.1 TII 1.2 NA	LE ME	ture required	when reinstating) ADDITIONS/CHANGES TO OF		
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CITY-ST-ZIP 14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

359-2213

**FILED** 

Jan 27, 1999 8:00 am Secretary of State

01-27-1999 90052 006 \*\*\*150.00