

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **611601** (6)

1. Corporation Name
ECONOMY RESTAURANT EQUIPMENT CO.



Principal Place of Business: **2470 S ORANGE AVE ORLANDO FL 32806**
Mailing Address: **2470 S ORANGE AVE ORLANDO FL 32806**

2. Principal Place of Business
21. []
22. Suite, Apt. #, etc. []
23. City & State []
24. Zip [] Country []
25. []
2a. Mailing Address
26. []
27. Suite, Apt. #, etc. []
28. City & State []
29. Zip [] Country []
30. []

3. Date Incorporated or Qualified: **03/02/1979**
3a. Date of Last Report: **05/01/1995**
4. FFL Number: **59-1938899**
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

**EFFRON, LOUIS R.
2470 S ORANGE AVE
ORLANDO FL 32806**

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 []

11. Pursuant to the provisions of Sections 607.011 and 607.012, Florida Statutes, the above named corporation, submit this statement for the purpose of changing its registered office or registered agent, or both, to the address and name shown above. I, the undersigned, being authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and agree to the above information.

SIGNATURE: *[Signature]*

[Signature]

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	EFFRON, LOUIS R.	
STREET ADDRESS	2470 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EFFRON, B. D. JR.	
STREET ADDRESS	2470 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CTD	<input type="checkbox"/> DELETE
NAME	EFFRON, B.D.	
STREET ADDRESS	2470 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(4)(k), Florida Statutes. I further certify that the information indicated on this annual report or statement 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 at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if checked on a separate sheet with an address.

SIGNATURE: *[Signature]* B.D. EFFRON, JR 3-27-96 (407) 423-4647

CR2E034 (12/95)