

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

FILED  
Apr 22 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 627427  
**1. Corporation Name**  
**CONSOLIDATED FOOD SYSTEMS, INC.**

<b>Principal Place of Business</b> 113 SW 11th Court Suite C Ft. Lauderdale, FL 33315 US	<b>Mailing Address</b> Jack R. Loving, P.A. 1323 S.E. Third Avenue Ft. Lauderdale, FL 33316 US
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<b>3. Date Incorporated or Qualified</b> 06/26/1979	<b>3a. Date of Last Report</b> 03/02/1996
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	<b>2a. Mailing Address</b> 26 Jack R. Loving Suite, Apt. #, etc. 27 1323 S.E. Third Ave City & State 28 Fort Lauderdale, FL 29 Zip Country 30 33316 Broward	<b>4. FEI Number</b> 59-1972098 <b>Applied For</b> Not Applicable	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

Jack R. Loving  
 1323 Southeast Third Avenue  
 Fort Lauderdale, Florida 33316

**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
Fort Lauderdale	FL 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 accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE** Jack R. Loving (NOTE: Registered Agent signature required when reinstating) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>12.1</b> TITLE PD NAME Ashlin, Daniel B. STREET ADDRESS 113 Southwest 11th Court, Suite C CITY, ST, ZIP Ft. Lauderdale, FL 33316	<input type="checkbox"/> DELETE	<b>13.1</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.2</b> TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	<b>13.2</b> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.3</b> TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	<b>13.3</b> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.4</b> TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	<b>13.4</b> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.5</b> TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	<b>13.5</b> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.6</b> TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	<b>13.6</b> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel B. Ashlin

Date

Daytime Phone

CR2E034 (9/96)