SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # F9300002183 (2)

HOWDEN FOOD EQUIPMENT, INC.

FILED Aug 27 1997 8:00am Secretary of State



Principal Placi	e or business	Mailing Address						
72 SANTA FELK SANTA BARBAR	CIA DRIVE RA CA 90117-2893	72 SANTA FELICIA DRIVE SANTA BARBARA CA 83117-2893						
					DO NOT WRITE			
					3. Date Incorporated or Qualified	3. Date Incorporated or Qualified 3a. Date of Last Report		eport
					<u>05/11/1993</u>	02/06/19	996]
	lace of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21 46-25	METROPOLITAN AUG.	26 61 SPIT BROOM	sk. Roa	0	22-2880964		No	ot Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	□ \$8	3.75	Additional
22 27 307					5. Certificate of Statos Desired	ш	Fee Re	equired
City & State		City & State			8. Election Campaign Financing	\$	5.00	May Be
23 KIDGGWOOD, NY 28 NASHUA NH			$\mathcal{H}\mathcal{O}$		Trust Fund Contribution Added to Fees			
			Country		8. This corporation owes or has paid the current year Intangible			
24 /1385	25 USA	29 03060	30 US	A	Personal Property Tax due June	- A	_	JNo
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gletered Agen	t	~
C T CORPORATION SYSTEM 81					7			
1200 SOUTH PINE ISLAND ROAD				00 O. A.A.H. (0 O. D. M. et M. A (111)				
PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)				
,	TATION IC GOOZY		83					
			84	City		85	Zip	Code
44						FL °°	Ļ.,	
11. Pursuant i	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statute I Florida. Such change was a	is, the above uthorized by	e-named the cord	corporation submits this statement for the progration's board of directors. I bereby accer-	ourpose of char of the appointm	nging it vent as	s registered 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								l
	Signature, typed or printed name of registered agent			nt signature	required when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	X DELETE	1.1 TITLE		PRES		hange	Addition
NAME	ROSSOW, MERLIN E		1.2 NAME		GLEGET FOULDY			
STREET ADDRESS	72 SANTA FELICIA DRIVE		1.3 STREET	ADDRESS	GI SPIT BRIOK RD, STG 307			
CITY-ST-ZIP	SANTA BARBARA CA 93117-289	3	1.4 CITY-S	T-ZIP	NATHUA, NH 03060			
TITLE	D	X DELETE	21 TITLE		UP		hange	X Addition
NAME	DIBBLE, T	·	2.2 NAME		LEONARY DEFRANCISCI			
STREET ADDRESS	OLD GOVAN ROAD		2.3 STREET		61 SPIT BROOK RD, STE	207		ŀ
CITY-ST-ZIP	RENFREW, SCOTLAND PA4 8XJ		2. 4 GITY-5	2T. 7IP	NASHUA, NH 03060	<i>5</i> 0 1		ì
TITLE	S	DELETE	3.1 TITLE	71-20	C C C C C C C C C C C C C C C C C C C		hange	Addition
NAME	JOHNSTON, G.C.		3.2 NAME		G.C. JOHNSTON	<i>)</i> =(°		
· · · · · · ·	ONE WESTINGHOUSE PLAZA, S	HITE 200	1	ADDOCOO	COST OF A COST	3/17		1
STREET ADDRESS	HYDE PARK MA	OIIL OOO	3.3 STREET	ADUNESS	61 SPIT BROOK RD, STE	-0 /		
CITY-ST-ZIP	TITUE FARK MA	☐ DELĒTE	3.4. CITY - S	ST-ZIP	NACHUM NH 03060		bassa	IZI Addition
TITLE		T nerett	4.1 TITLE	ļ	D		hange	Addition
NAME			4. 2 NAME		T.A. ZACAROLI GI SPIT BROOK RD, SPE	210		
STREET ADDRESS			4.3 STREET	ADDRESS	GI SPIT BIGOK KU, SHO	50 /		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP	NASHUA, NH 03060			
TITLE		☐ DELETE	5.1 TITLE		(thange	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	T-ZIP				
TITLE		DELETE	6.1 TITLE				hange	Addition
NAME			6.2 NAME	j				}
STREET ADDRESS			6.3 STREET	ADDRESS				İ
CITY-ST-ZIP			64 CITY-S	1				
MILL-DISEM.			040111-9	1 £11				

14. I do 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.