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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000002183 (2)

HOWDI	en food Equipment, ii	NC.				
Principal Plac	Mailing Address	,	•		Eint Gillim tradt gill at 16:46 bret amat	
46-25 METROPOLITAN AVE 61 SPIT BROOK RD						
RIDGEWOOD US	NY 11385	307 NASHIA NU MMA	307 NASHUA NH 03060		DO NOT WRITE IN	THIS SDACE
US .			•		3. Date Incorporated or Qualified	THIS STACE
				05/11/1993		
2. Principal Place of Business 2s. Mailing Ad					4. FEI Number	Applied For
21		26	26		22-2880964	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	} → 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<u>├</u> ı '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z ip 29	Country 30	у	This corporation owes or has paid to Personal Property Tax due June 30	- · - ·
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Regis	tered Agent
C T CORPORATION SYSTEM				81 Name		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82	32 Street Address (P.O. Box Number is Not Acceptable)		
			83	1		
			84	City		FL 85 Zip Code
41. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.1508, Florida Statute ale of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the abovinthorized burida Statute	re-named o by the corpo es.	orporation submits this statement for the purporation's board of directors. I hereby accept the	rose of changing its registered
SIGNATURE	Signature, typed or printed name at registered	agent and time if applicable (NOTE	: Registered Ag	eni signature re	equired when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	FOULON, GILBERT		1.2 NAME	1		
STREET ADDRESS			1.3 STREET ADORESS			
CITY-ST-ZIP	NASHUA NH		1.4 CITY-	ST-ZIP		
	170	DE 177				Ohanaa Addition

TITLE LL DELETE 21 TITLE DEFRANCISCI, LEONARD 2.2 NAME NAME 61 SPIT BROOK RD, STE 307 2.3 STREET ADDRESS STREET ADDRESS **NASHUA NH** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change TITLE JOHNSTON, G C 32 NAME NAME 61 SPIT BROOK RD, STE 307 3 3 STREET ADDRESS STREET ADDRESS NASHUA NH CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 THLE ZACAROLI, T A NAME 4. 2 NAME 61 SPIT BROOK RD, STE 307 STREET ADDRESS 4.3 STREET ADDRESS NASHUA NH 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TiTLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. Thereby 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 frue 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 trusted 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:

128 98

602-888-6909

FILED

Feb 09 1998 8:00am

Secretary of State