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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

| 1   | 1996  | DIVISION O                    | F CORPORA                              | ZIONS<br>———  |            |  |   |            |               |
|---|---|-------------------------------|--|---|------------|--|---|------------|---------------|
| DOCUN                                       | MENT # F9500                                      | 00001231 (                    | 8)                                     |   |            |  |   |            |               |
| UNITE                                       | D RESTAURANT EQUIPM                               | IENT, INC.                    |  |   |            |  |   |            |               |
| Principal Place of Business Mailing Address |   |                               |  |   |            | I INTERNATION THE PARTY MARK SUPIL MAIN  | ii 80iii 90iii 63iai                        | 11010 1100 | }             |
| 2980 JEFFERSON ST.                          |   | 2980 JEFFERSON ST.            |  |   |            |  |   |            |               |
| HARRISBURG                                  | G PA 17105  | HARRISBURG PA 13              | 7105                                   |   |            |  |   |            |               |
|   |   |                               |  |   |            | 3. Date incorporated or Qualified 03/14/1995   | 3a. Date of                                 | N/A        | oort          |
|   | / D   | 2a Mailine Address            | 2a. Mailing Address                    |   |            | 4. FE! Number  | _L  |            | oplied For    |
| 2. Principal Pla<br>1                       | ace of Business                                   | <b>⊢</b> ₁ ັ                  | 26. Walling Address                    |   |            | <del>25 1731969</del> 23-  | 1511336                                     |            | ot Applicable |
| Suite, Apt. #                               | ŧ, etc.   | Suite, Apt. #, etc            |  |   |            | 5. Certificate of Status Desired   | tatus Desired S8.75 Additional Fee Required |            |               |
| City & State                                |   | City & State                  | City & State                           |   |            | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  |   |            |               |
| Zip   | Country   | F1 F1                         |  |   | ·          | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes XI No   |   |            |               |
| 4   | 9. Name and Address of Curr                       | 29  <br>rent Registered Agent | 30                                     | ···································                             |            | 10. Name and Address of New F  |   | ent        |               |
|   | 4. Harris 411- Harris 411- 17 6511                |                               |  | 81 N  | lame       |  |   |            |               |
| DENNIS                                      | S, JAMES  |                               |  | 82 8  | street Add | ress (P.O. Box Number is Not Acceptate   | ole)  |            |               |
| 8220 FORT THOMAS WAY                        |   |                               |  |   |            |  |   |            | <u></u>       |
| ORLANDO FL 32822                            |   |                               |  | 83  |            |  |   |            |               |
|   |   | 84                            | Dity                                   |   | FL         | 85 Zip   | Code  |            |               |
| SIGNATURE .                                 | Signature, typed or prifted san elotings decella, | ger and the dapple at e       |  |   |            | ration submits this statement for the pured of directors. Thereby accept the applications they are they applications about the Applitions/CHANGES TO OFF | DA F  |            |               |
| 12.   | OFFIGERS A  | OFFICERS AND DIRECTORS        |  | 1 1 TITLE   |            | Applitotion of the Geo.  |   | Change     | Addition      |
| Trtl.E<br>NAME                              | WEISS, ANDREW                                     |                               |  | AMÉ   | 1          |  |   |            |               |
| STHEET ADDRESS                              | 2980 JEFFERSON ST.                                |                               | 139                                    | JREET AD  | DRESS      |  |   |            |               |
| CITY-ST-ZIP                                 | HARRISBURG PA                                     |                               | 140                                    | OTY SI-   | 710        |  |   | 01         | C 440'00      |
| TITLE                                       | V   | ☐ DELETE                      |  | 7.II.F  |            | Change Additi  |   |            | Addition      |
| NAME  | WEISS, MICHAEL                                    |                               | 221                                    |   | DETCC.     |  |   |            |               |
| STREET ADDRESS                              | 2980 JEFFERSON ST.                                |                               |  | STREET AC<br>Dity Sto   | i          |  |   |            |               |
| CITY-ST-ZIP<br>TITLE                        | HARRISBURG PA<br>ST                               | DELETÉ                        |  | 101E  | <u> </u>   |  |   | Change     | ☐ Addition    |
| NAME  | KOSER, LINDA                                      | _                             | 321                                    | NAME  |            |  |   |            |               |
| STREET ADDRESS                              | 2980 JEFFERSON ST.                                |                               | 33                                     | SPREET A  | DORESS     |  |   |            |               |
| CITY-ST-ZIP                                 | HARRISBURG PA                                     |                               |  | 2:1Y-S1-  | ZIF        |  |   | Change     | Addition      |
| TITLE                                       |   | ☐ DELFTE                      |  | TIFLE   |            |  | L   | o namys    |               |
| NAME  |   |                               | 1                                      | name<br>Street al   |            |  |   |            |               |
| STREET ADDRESS                              | 1   |                               |  |   |            |  |   |            |               |
| CITY+ST-7IP<br>TITLE                        |   |                               |  |   |            |  |   |            |               |
|   |   | ☐ DELETE                      | 4.4                                    | CITY-SL-<br>TITLE   |            |  | E   | ] Change   | Add tion      |
|   |   | ☐ DELETE                      | <b>4.</b> 4 5 1                        | CITY - S1 -   |            |  | Ė   | ] Change   | Add tion      |
| NAME  |   | ☐ DELETE                      | 5 1<br>5 2                             | CITY - \$1 -<br>T TLF   | ZIF        |  |   | ] Change   | Add tion      |
|   |   |                               | 4.4<br>5 1<br>5 2<br>5 2<br>5 4        | CITY - ST -<br>TITLE<br>NAME<br>STREET A<br>CITY - ST -         | ZIP CORESS |  |   |            |               |
| NAME<br>STREET ADDRESS                      | ·   | ☐ DELETE                      | 4.4<br>5 1<br>5 2<br>5 2<br>5 4<br>6 1 | CITY - ST -<br>TILF<br>NAME<br>SIPEET A<br>CITY - ST -<br>TITLE | ZIP CORESS |  |   | Change     | Addition      |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |                               | 4.4<br>5 1<br>5 2<br>5 3<br>5 4<br>6 1 | CITY - ST -<br>TITLE<br>NAME<br>STREET A<br>CITY - ST -         | ZIF CORESS |  |   |            |               |

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is tri⊇ 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 an attachment with an address. 6.4 C(TY - \$1 - 7)P

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 717-238-1214 Daylore Phone 4