

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 16 1996 8:00 am
Secretary of State

DOCUMENT # **G53208** (6)

1. Corporation Name
INTERNATIONAL FOODSERVICE EQUIPMENT DISTRIBUTORS, INC.



Principal Place of Business: **2121 PONCE DE LEON BLVD. SUITE 1100 CORAL GABLES FL 33134**
Mailing Address: **2121 PONCE DE LEON BLVD. SUITE 1100 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **08/08/1983**
3a. Date of Last Report: **05/18/1995**
4. FEI Number: **59-2255194**
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

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

9. Name and Address of Current Registered Agent
**NAGIN, STEPHEN E
3110 S.E. FINANCIAL CENTER
MIAMI FL 33131-9388**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 and 607.1908, 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 _____ DATE _____
Signature, typed or printed name of registered agent and the applicable address. (207)(1). Registered Agent Signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SIMON, WALTER L	
STREET ADDRESS	7300 NW 77 ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLANTON, ROBERT	
STREET ADDRESS	1ST S & 2ND AVE	
CITY-ST-ZIP	COLUMBIA SC 29290	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHUKAR, EDWARD	
STREET ADDRESS	404 S. PALAFOX	
CITY-ST-ZIP	PENASCOLA FL 32501	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BEAN, NORMAN	
STREET ADDRESS	EDDIE DOWLING HWY., RTE. 146A	
CITY-ST-ZIP	N. SMITHFIELD RI 02895	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOODHILL, RONALD	
STREET ADDRESS	8555 MIRALINI DR	
CITY-ST-ZIP	SAN DIEGO CA 92126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOROWITZ, DENNIS	
STREET ADDRESS	1222 OZARK	
CITY-ST-ZIP	N. KANSAS CITY MO 64116	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VD GREG CALVERIE
33 STREET ADDRESS	375 COMMERCE DR.
34 CITY-ST-ZIP	AMHERST, NY 14228
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	TD HENRY SINGER
53 STREET ADDRESS	3030 KUTZTOWN ROAD
54 CITY-ST-ZIP	READING, PA 19605
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 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 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, unchanged, or on an attachment with an address.

SIGNATURE: **WALTER L. SIMON** x **5/13/96** x **305-885-8651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)