

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

FILED

**Jan 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 33134-5251**

3. Date Incorporated or Qualified: **08/08/1983**
3a. Date of Last Report: **05/16/1996**

2. Principal Place of Business (21) Suite Apt. # etc (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)
4. FEI Number: **59-2255194** Applied For: Not Applicable
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

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 (85) Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, WALTER L	1.2 NAME	
STREET ADDRESS	7300 NW 77 ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33166	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANTON, ROBERT	2.2 NAME	
STREET ADDRESS	1ST S & 2ND AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA SC 29290	2.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVERIC, GREG	3.2 NAME	
STREET ADDRESS	375 COMMERCE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	AMHERST NY	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, NORMAN	4.2 NAME	
STREET ADDRESS	EDDIE DOWLING HWY., RTE. 146A	4.3 STREET ADDRESS	
CITY - ST - ZIP	N. SMITHFIELD RI 02895	4.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, HENRY	5.2 NAME	
STREET ADDRESS	3030 KUTZTOWN ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	READING PA	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, DENNIS	6.2 NAME	
STREET ADDRESS	1222 OZARK	6.3 STREET ADDRESS	
CITY - ST - ZIP	N. KANSAS CITY MO 64116	6.4 CITY - ST - ZIP	

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, as changed, or on an attachment with an address.

SIGNATURE: **WALTER SIMON** 1-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)