

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

**FILED**  
**Jan 27, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-27-1999 90022 049 \*\*\*\*150.00

**DOCUMENT # G53208**

1. Corporation Name  
**INTERNATIONAL FOODSERVICE EQUIPMENT DISTRIBUTORS, INC.**



DO NOT WRITE IN THIS SPACE

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**

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 owes the current year Intangible Personal Property Tax.  Yes  No

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

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 607.0502 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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SIMON, WALTER L	
STREET ADDRESS	7300 NW 77 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLANTON, ROBERT	
STREET ADDRESS	1ST S & 2ND AVE	
CITY-ST-ZIP	COLUMBIA SC 29290	
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	SINGER, HENRY	
STREET ADDRESS	3030 KUTZTOWN ROAD	
CITY-ST-ZIP	READING PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOROWITZ, DENNIS	
STREET ADDRESS	1222 OZARK	
CITY-ST-ZIP	N. KANSAS CITY MO 64116	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* x 1/12/99 Date x 305-885-8657 Daytime Phone #

CR2E034 (11/98)