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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K17328

(1)

ATLANTIC COAST RESTAURANT EQUIPMENT & SUPPLIES, INC.

FILED Feb 06 1997 8:00am Secretary of State



THE CHARLE IN GR	of Business		Ма	iling Address				I MONUALL BON HOUR HOURT HAVE NOON H	PIT MINIT WINDS W		
5025 OKEECHOBEE BLVD. WEST PALM BCH. FL 33417				P. O. BOX 1120 BOCA RATON FL 33429-1120							
								3. Date Incorporated or Qualified 03/08/1988		e of Last 23/1996	•
2. Principal Pa	ace of Business		2a.	Mailing Addres	ss			4. FEI Number			pplied For
21			26					65-0033569		h	lot Applicable
Suite, Apt #	#, etc.		27	Suite, Apt. #, e	etc.			5. Certificate of Status Desired			Additional lequired
City & State	······································			City & State				6. Election Campaign Financing		\$5.00) May Be
23			28	-				Trust Fund Contribution			to Fees
Zıp		Country		Zip		Country	'	8. This corporation has liability for	r intangible i	ax under	s. 199.032
24	25		29		30	3			Yes 🗔		
	9. Name and	Address of Cur	rent Regist	ered Agent				10. Name and Address of New R	egistered A	gent	
STE	LLINO, FRANK					81	Name				
		IJRT				82	Stroot Ad	dross (P.O. Boy Number is Not Accepts	able)		
1495 SW 13TH COURT BOCA RATON FL 33432							OUBBL MO	Address (P.O. Box Number is Not Acceptable)			
000	AN TOUTON I L	/V TVL				83	·····				
						84	City		FL	85 Zip	Code
								orporation submits this statement for the		<u> </u>	
office or re agent. I ar	m familiar with, a	to accept the or	inguito to on	, Section bor.us	SOS, FIORIG						
SIGNATURE	m familiar with, a Signature, typed or pri	led name of registered	d agent and title i	if applicable		ngistered Age		quired when reinstaling)	DATE		
SIGNATURE .		led name of registered		if applicable	(NOTE: Re	ngistered Age		quired when reinstainol ADDITIONS/CHANGES TO OFFI			
SIGNATURE	Signature, typed or px r	and name of registored	d agent and title i	if applicable	(NOTE: Re	ngistered Age				DIRECTO	
SIGNATURE .	Signature, typed or per D STELLINO, F	OFFICERS RANCA	d agent and title i	if applicable	(NOTE: Re	ngistered Age					
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4. 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 is its 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, or on in altigramport with an address.

SIGNATURE

TRANK STELLING

1-31-97

Davtimo Ptyron #