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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

K59051

(8)

INDUSTRIAL FOODSERVICE SALES, INC.				I INDIGENI AND GIAIN ANDIA BÂIND GIANG MAN MAN	iala bidat atbir bidir bidir bidir dibit (bb)	
Principal Place of Business Mailing Address						LALES MINITE MANGES MINES MINITE MINITE MINITE SANDI
10272 NW 47TH 8T Sunfrise FL 33351 US		10272 NW 47TH STREET SUNRISE FL 33351			DO NOT WRITE IN	THIS SPACE
00		00			3. Date Incorporated or Qualified	
					01/18/1989	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26			····		65-0093374	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, 22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country Z _I p		Country		8. This corporation owes or has paid	
24	25 29 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
EV		it negistered Agent	81	Name	10. Name and Address of New Regis	itered Agent
eklund, A. David 1215 Se abay RD			82		ess (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33326			83			
			84	-		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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						pose of changing its registered he appointment as registered
agent. La SIGNATURE	am familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statules	5.		
SIGNATURE	Signature, typed or printed name of registered age	mt and title if applicable (NOTE	Registered Age	nt signature require	ed when reinstating)	DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	PD DELETE		1.1 TITLE			Change Addition
NAME	EKLUND, A. DAVID		1.2 NAME	1		
\$TREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP			1.4 CITY - S	T- ZIP	····	
TIFLE	· -		2.1 TITL€			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET			
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP		Change Addition
TITLE	MALLEN ALADY F		3.1 TITLE			
NAME STREET ADDRESS	ANAE OFADAY OOAD		3.2 NAME	ADDRESS		
CITY-ST-ZIP	ET LAUDEDDALE EL		33 STREET 3.4. City-S			
TITLE			4.1 TITLE	11-ZIP		Change Addition
NAME	B. 170.10 144.014 5		4. 2 NAME			
STREET ADDRESS	AGGE GUI AAGTU GOURT		4.3 STREET	ADDRESS		
CITY-ST-ZIP	BAIABAI EI		4.4 CITY - S			1
TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	address		
CITY-ST-ZIP			5.4 CITY-ST	- 1		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
017V 07 710			0.4.000			

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 githe 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 an attachment with an address.

SIGNATURE:

310.28

(954) 746-6866

FILED

Mar 17 1998 8:00am

Secretary of State