

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K60709** (8)  
1. Corporation Name  
**CERTIFIED FOOD SERVICE EQUIPMENT OF KISSIMMEE, I NC.**

Principal Place of Business <b>276 E. STATE ROAD 434 WINTER SPRINGS FL 32708 US</b>	Mailing Address <b>276 E. STATE ROAD 434 WINTER SPRINGS FL 32708-2504 US</b>
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2. Principal Place of Business 21 <b>311 LONGFIELD CIRCLE</b> Suite, Apt. #, etc. 22 City & State 23 <b>LAKE MARY</b> Zip 24 <b>32746</b> Country 25 <b>SEMINOLE</b>		2a. Mailing Address 26 <b>849 HIGH POINTE CIRCLE</b> Suite, Apt. #, etc. 27 City & State 28 <b>CHICAGO</b> Zip 29 <b>34711</b> Country 30 <b>LAKE</b>		3. Date Incorporated or Qualified <b>01/25/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
		4. FEI Number <b>59-2931912</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SWART, HARRY J. 717 EAST OAK STREET KISSIMMEE FL 34744</b>		10. Name and Address of New Registered Agent 81 Name <b>ANITA C. ANDERSON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>849 HIGH POINTE CIRCLE</b> 83 84 City <b>CHICAGO</b> FL 85 Zip Code <b>34711</b>	
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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 *Anita C. Anderson* **ANITA C ANDERSON CHIEF FINANCIAL OFFICER** 4/28/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PDS EISEL, RICK 878 OLEAN COURT KISSIMMEE FL 32708</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>M, S EISEL, RICK 311 LONGFIELD CIRCLE LAKE MARY, FL. 32746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>P, D GLENDA HIRST 311 LONGFIELD CIRCLE LAKE MARY, FL. 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>T, D ANITA C ANDERSON 849 HIGH POINTE CIRCLE CHICAGO, FL. 34711</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE *Anita C. Anderson* **ANITA C. ANDERSON** 4/28/97 352-241-0870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)