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May 05 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 # K60709 (8)

1. Corporation Name
CERTIFIED FOOD SERVICE EQUIPMENT OF KISSIMMEE, I NC.



Principal Place of Business
276 E. STATE ROAD 434
WINTER SPRINGS FL 32708
US

Mailing Address
276 E. STATE ROAD 434
WINTER SPRINGS FL 32708-2504
US

3. Date Incorporated or Qualified 01/25/1989
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 311 LONGFIELD CIRCLE
Suite, Apt. #, etc.
22
City & State
23 LAKE MARY
Zip Country
24 32746 25 SEMINOLE
26 849 HIGH POINTE CIRCLE
Suite, Apt. #, etc.
27
City & State
28 CHICLERMONT
Zip Country
29 34711 30 LAKE

4. FEI Number 59-2931912
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
SWART, HARRY J.
717 EAST OAK STREET
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent
81 Name ANITA C. ANDERSON
82 Street Address (P.O. Box Number is Not Acceptable) 849 HIGH POINTE CIRCLE
83
84 City CHICLERMONT FL 85 Zip Code 34711

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.) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PDS	<input type="checkbox"/>
NAME	EISEL, RICK	
STREET ADDRESS	678 OLEAN COURT	
CITY-ST-ZIP	KISSIMMEE FL 32708	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E034 (9/96)