

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

Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

STATE OF FLORIDA
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Apr 01 1997 8:00am
Secretary of State

DOCUMENT # L29380 (7)
1. Corporation Name
DISCOUNT RESTAURANT & BAKERY EQUIPMENT, INC.

Principal Place of Business
% MICHAEL A. HOLZMAN
7811 2ND AVE NW
BRADENTON FL 34209

Mailing Address
% MICHAEL A. HOLZMAN
7811 2ND AVE NW
BRADENTON FL 34209-2111

3. Date Incorporated or Qualified
11/13/1989

3a. Date of Last Report
04/29/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
65-0169015

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
MARGO BELAGA
7811 2ND AVE NW
BRADENTON FL 34209

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5 DELETE
1.6 TITLE
1.7 NAME
1.8 STREET ADDRESS
1.9 CITY-ST-ZIP
1.10 DELETE
1.11 TITLE
1.12 NAME
1.13 STREET ADDRESS
1.14 CITY-ST-ZIP
1.15 DELETE
1.16 TITLE
1.17 NAME
1.18 STREET ADDRESS
1.19 CITY-ST-ZIP
1.20 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
2.5 TITLE
2.6 NAME
2.7 STREET ADDRESS
2.8 CITY-ST-ZIP
2.9 TITLE
2.10 NAME
2.11 STREET ADDRESS
2.12 CITY-ST-ZIP
2.13 TITLE
2.14 NAME
2.15 STREET ADDRESS
2.16 CITY-ST-ZIP
2.17 TITLE
2.18 NAME
2.19 STREET ADDRESS
2.20 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 as an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 941-7474248