

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M38272 (4)

1. Corporation Name

BROWARD FOOD SYSTEMS, INC.



Principal Place of Business

Mailing Address

113 SW 11TH CT.
STE C
FT. LAUD FL 33315
US

WATSON, LOVING & FORMAN, P A
350 SE 2ND STREET SUITE 200
FORT LAUDERDALE FL 33301

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 JACK R. LOVING

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

27 1323 S.E. 3RD AVENUE

28 FORT LAUDERDALE, FLORIDA

29 33316

3. Date Incorporated or Qualified

09/10/1986

3a. Date of Last Report

03/02/1995

4. FEI Number

65-0101466

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

10. Name and Address of New Registered Agent

LOVING, JACK R
% WATSON, LOVING & FORMAN, PA
350 SE 2ND STREET, SUITE 200
FORT LAUDERDALE FL 33301

81 Name JACK R. LOVING

82 Street Address (P.O. Box Number is Not Acceptable)
1323 S.E. 3RD AVENUE

83

84 City FORT LAUDERDALE, FLORIDA FL 85 Zip Code 33316

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

JACK R. LOVING

1/22/96

Signature, type or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME ASHLIN, DANIEL B.
STREET ADDRESS 113 S.W. 11TH COURT, SUITE C
CITY-ST-ZIP FT. LAUDERDALE FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL B. ASHLIN

Date

(954) 766-9800

Daytime Phone #

CR2E034 (12/95)