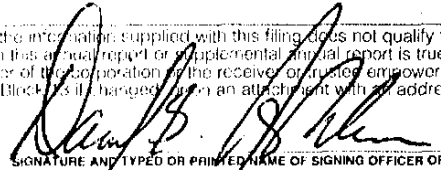


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 22 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 # m38272 1. Corporation Name BROWARD FOOD SYSTEMS, INC.			
Principal Place of Business 113 SW 11th Court Suite C Ft. Lauderdale, FL 33315 US		Mailing Address Jack R. Loving, P.A. 1323 Southeast Third Avenue Ft. Lauderdale, FL 33316 US	
2. Principal Place of Business		3. Date Incorporated or Qualified 09/10/1986	
21. Suite, Apt. #, etc.		3a. Date of Last Report 03/02/96	
22. City & State		4. FEI Number 65-0101466	
23. Zip		Applied For ☐ Not Applicable	
24. Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25. Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
26. Zip		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No	
27. City & State		9. Name and Address of Current Registered Agent Jack R. Loving 1323 Southeast Third Avenue Fort Lauderdale, Florida 33316	
28. Zip		10. Name and Address of New Registered Agent	
29. Country		81. Name	
30. Country		82. Street Address (P.O. Box Number is Not Acceptable)	
31. Zip		83.	
32. City & State		84. City	
33. Zip		85. Zip Code	
34. Country		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: _____ (NOTE: Registered Agent signature required when reinstating)			
DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PD		1.1 TITLE ☐ Change ☐ Addition	
2. NAME Ashlin Daniel B.		1.2 NAME	
3. STREET ADDRESS 113 SW 11th Court, Suite C		1.3 STREET ADDRESS	
4. CITY-STATE-ZIP Ft. Lauderdale, Florida 33315		1.4 CITY-ST-ZIP	
5. TITLE ☐ DELETE		2.1 TITLE ☐ Change ☐ Addition	
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP	
9. TITLE ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. TITLE ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition	
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. TITLE ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	
25. TITLE ☐ DELETE		200002152612	
26. NAME		-04/23/97--01100--011	
27. STREET ADDRESS		***165.00	
28. CITY-ST-ZIP		4-23	
29. TITLE ☐ DELETE		14. I certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(1), 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 from an attachment with an address.	
30. NAME		SIGNATURE:  Daniel B. Ashlin	
31. STREET ADDRESS		Date: _____ Daytime Phone: _____	
32. CITY-ST-ZIP			
33. TITLE ☐ DELETE			
34. NAME			
35. STREET ADDRESS			
36. CITY-ST-ZIP			
37. TITLE ☐ DELETE			
38. NAME			
39. STREET ADDRESS			
40. CITY-ST-ZIP			
41. TITLE ☐ DELETE			
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
45. TITLE ☐ DELETE			
46. NAME			
47. STREET ADDRESS			
48. CITY-ST-ZIP			
49. TITLE ☐ DELETE			
50. NAME			
51. STREET ADDRESS			
52. CITY-ST-ZIP			
53. TITLE ☐ DELETE			
54. NAME			
55. STREET ADDRESS			
56. CITY-ST-ZIP			
57. TITLE ☐ DELETE			
58. NAME			
59. STREET ADDRESS			
60. CITY-ST-ZIP			
61. TITLE ☐ DELETE			
62. NAME			
63. STREET ADDRESS			
64. CITY-ST-ZIP			
65. TITLE ☐ DELETE			
66. NAME			
67. STREET ADDRESS			
68. CITY-ST-ZIP			
69. TITLE ☐ DELETE			
70. NAME			
71. STREET ADDRESS			
72. CITY-ST-ZIP			
73. TITLE ☐ DELETE			
74. NAME			
75. STREET ADDRESS			
76. CITY-ST-ZIP			
77. TITLE ☐ DELETE			
78. NAME			
79. STREET ADDRESS			
80. CITY-ST-ZIP			
81. TITLE ☐ DELETE			
82. NAME			
83. STREET ADDRESS			
84. CITY-ST-ZIP			
85. TITLE ☐ DELETE			
86. NAME			
87. STREET ADDRESS			
88. CITY-ST-ZIP			
89. TITLE ☐ DELETE			
90. NAME			
91. STREET ADDRESS			
92. CITY-ST-ZIP			
93. TITLE ☐ DELETE			
94. NAME			
95. STREET ADDRESS			
96. CITY-ST-ZIP			
97. TITLE ☐ DELETE			
98. NAME			
99. STREET ADDRESS			
100. CITY-ST-ZIP			

CR2E034 (9/96)