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May 20 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 # P17611 (5)

1. Corporation Name
FOOD INGREDIENT SPECIALTIES, INC.

Principal Place of Business
FIVE HIGH RIDGE PARK
STAMFORD CT 06905

Mailing Address
FIVE HIGH RIDGE PARK
STAMFORD CT 06905-1326

3. Date Incorporated or Qualified: 01/12/1988
3a. Date of Last Report: 04/26/1996
4. FEI Number: 13-3346929 [ ] 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 [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	WELLER, JOSEPH M.	
STREET ADDRESS	750 CHESTER AVENUE	
CITY-ST-ZIP	SAN MARINO CA	
TITLE	VP	[ ] DELETE
NAME	DORFMAN, NEIL	
STREET ADDRESS	21 PLEASANT VIEW ROAD	
CITY-ST-ZIP	NEW MILFORD CT	
TITLE	P	[ ] DELETE
NAME	LEE, SAM H.	
STREET ADDRESS	120 BASEWOOD LANE	
CITY-ST-ZIP	MORELAND HILLS OM	
TITLE	S	[ ] DELETE
NAME	WYATT, J. DOUGLAS	
STREET ADDRESS	2123 EDGEVIEW DRIVE	
CITY-ST-ZIP	HUDSON OH	
TITLE	AT	[ ] DELETE
NAME	E. SIMON JONES	
STREET ADDRESS	50 SALEM VIEW DRIVE	
CITY-ST-ZIP	RIDGEFIELD CT	
TITLE	D	[ ] DELETE
NAME	FRED T. HULL	
STREET ADDRESS	1816 HIGHLAND OAKS DRIVE	
CITY-ST-ZIP	ARCADIA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 5/1/97