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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

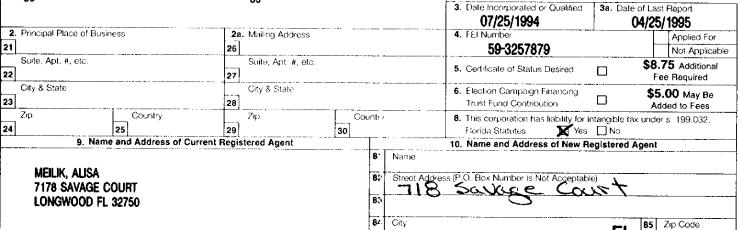
DOCUMENT # P94000055415 (1)

## RESTAURANT EQUIPMENT INSTALLATION, INC.

Principal Place of Business
718 SAVAGE COURT
LONGWOOD FL 32750

Mailing Address

718 SAVAGE COURT LONGWOOD FL 32750



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. Thereby accept the appointment as registered agent. Lami familiar with, and accept the obligations of, Section 607,0505. Florida Statutes.

SIGNATURE  Signate these presences of a develop can be familial. COT. For over Any separate many who personnel.				
12.	OFFICERS AND DIRECTO		Fing litter 2 Age of seprendice.	ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12
THLE	VPSD	DELETE	1 1 TITLE	President secretary Change Addition
NAME	MEILIK, ALISA		1.2 NAME	& DIECTOR
STREET ADDRESS	348 HOUND RUN PLACE		13 STREE ADDRESS	meilik Aliza
CITY - S1 - ZIP	CASSELBERRY FL		1.4 CITY - ST - ZIP	Meilik, Aliza 1456 Bridlebrock Court
TIFLE		☐ DELETE	2 1 THILE	Change Addition
NAME			22 NAME	
STREET ADDRESS			23 STREE ADDRESS	
CITY-ST-ZIP			2.4 CiTY - iT ZiP	
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
C(TY-ST-Z)P			3.4 City- if zip	
TITLE		DELETE	4 1 TILE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREE! ADDRESS	
City-S1-2iP			4.4 CITY(T-2)P	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			53 STREE ADDRESS	
CITY - ST - ZIP			5.4 CITY - 3 - 7 P	
TITLE		DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			63 STREE ADDRESS	
CITY-ST-ZIP			6.4 C/TY - T - 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:

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FICER OR DIRECTOR ALISA MEILIK

4/24/96 331-818

CR2E034 (12/95)