


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

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Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000085816 (4)**

1. Corporation Name

**INGREDIENT SUPPLY CORPORATION**



Principal Place of Business <b>950 S WINTER PARK DR STE 325 CASSELBERRY FL 32707 US</b>	Mailing Address <b>950 S WINTER PARK DR STE 325 CASSELBERRY FL 32707 US</b>
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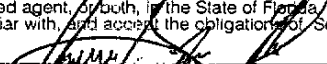
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>378 Whoooping Loop Cir.</b>	2a. Mailing Address 25 <b>378 Whoooping Loop Cir.</b>
Suite, Apt. #, etc. 22 <b>Ste. 1272</b>	Suite, Apt. #, etc. 27 <b>Ste. 1272</b>
City & State 23 <b>Altamonte Springs, FL</b>	City & State 28 <b>Altamonte Springs, FL</b>
Zip 24 <b>32701</b>	Zip 29 <b>32701</b>
Country 25	Country 30

3. Date Incorporated or Qualified <b>11/28/1994</b>	
4. FEI Number <b>59-3297087</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VAN HEEL, ALBERTO 950 S. WINTER PARK DR. SUITE 325 CASSELBERRY FL 32707</b>	
81 Name	<b>378 Whoooping Loop Circle</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>Suite 1272</b>
83	<b>Altamonte Springs, FL 32701</b>
84 City	<b>FL</b>
85 Zip Code	<b>32701</b>

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 607.0508, 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 of registered agent and title if applicable.	DATE <b>1-8-98</b>

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>P VAN HEEL, ALBERTO 950 S. WINTER PARK DR STE 325 CASSELBERRY FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>378 Whoooping Loop Circle, Suite 1272 Altamonte Springs, FL 32701</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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. If on an Attachment with an address.	
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SIGNATURE:  Signature of registered agent and title if applicable.	DATE <b>1-8-98 (407) 260-6062</b>
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CR2E034 (10/97)