SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000029558 (0)

1. Corporation Name

HOSPITALITY SUPPLY GROUP, INC.

Principal Place of Business	Mailing Address
782 QUITEWATER BEACH ROAD PENSACOLA BEACH FL 32562	782 QUITEWATER BEACH ROAD PENSACOLA BEACH FL 32562

3. Date Incorporated or Qualified: 04/10/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2303 W MICHIGAN AVE	26 2303 W Michigan ave
Suite, Apt #, etc. 22 G-3	Suite, Apt #, etc. 27 G-3
City & State 23 Pensacola Fla	City & State 28 Pensacola Fla
Zip 24 32526 / Country 25 Escambia	Zip 29 32526 / Country 30 ESCAMBIA

4. FEI Number — [X] 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

CHASE, JAMES L
101 EAST GOVERNMENT STREET
PENSACOLA FL

10. Name and Address of New Registered Agent

81 Name: NARESH K PATEL
82 Street Address (P.O. Box Number is Not Acceptable): 2303 W MICHIGAN AVE G-3
83
84 City: PENSACOLA, FL 85 Zip Code: 32526

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: Naresh K Patel V/President — DATE: 7-18-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	president	[ ] DELETE
NAME	Ela patel	
STREET ADDRESS	5350 mobile Hwy	
CITY-ST-ZIP	Pensacola, Fla 32526	
TITLE	Director	[ ] DELETE
NAME	Kandace N Diamond	
STREET ADDRESS	2303 W michigan ave	
CITY-ST-ZIP	Pensacola, Fla 32526	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: N. Patel — 7-18-96 — 904-455-3871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #