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

CORPORATION ANNUAL REPORT

1998

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000080082 (7)

M & S RESTAURANT EQUIPMENT COMPANY

Principal Place of Business Mailing Address 1806 MADRID AVE 1906 MADRID AVE LAKE WORTH FL 33460 LAKE WORTH FL 33460 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/16/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0650765 Not Applicable Suite, Apt. #, etc, Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHILLINGWORTH, CHARLES C 2090 PALM BEACH LAKES BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 800 83 WEST PALM BEACH FL 33409 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) 12. OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SEGERSTROM, SUSAN C NAME 1.2 NAME STREET ADDRESS 802 N L STREET 1.3 STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BUTLER, MICHAEL C. JR. 2.2 NAME 802 N L STREET STREET ADDRESS 2.3 STREET ADDRESS 32460 LAKE WORTH, FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ■ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - Z/P

Thereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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. 561-547-0200

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE: Michall C. BRELLE IMFEHARL C. BUTLER IR.

□ DELETE

DELETE

DELETE

Addition

Addition

Addition

Change

Change

Change

**FILED** 

Feb 09 1998 8:00am

Secretary of State