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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080082

M & S RESTAURANT EQUIPMENT COMPANY

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90051 017 ***150.00



Principal Place	of Business .:	Mailing Address			()BE()BE()IE (EIE (EII)			
806 MADRID AVE 1806 MADRID AVE								
AKE WORTH FL 33460		LAKE WORTH FL 33460			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					10/16/1995			
		- 10 N			4. FEI Number		Δnr	olied For
2. Principal Pl	ace of Business	2a. Mailing Address			**		\ 	Applicable
1		26			65-0650765	,	\$8.75 A	
Suite, Apt.	#, etc. _e	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ .	Fee Rec	
2		27			A SI II S Since Since		\$5.00	
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution		Added to	-
3	1 2	28	Cou	ntn/	8. This corporation owes the curre	nt year Inta		/
Zìp ¬	Country	Zip		int y	Personal Property Tax.			IZNo
4	25	1=-1	30		10. Name and Address of New Ro			<i>I</i>
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Marile dile Francisco S. Mari	3.5		
CHILLINGWORTH, CHARLES C				l				
) PALM BEACH LAKES BLVD			82 Street Ad	dress (P.O. Box Number is Not Acceptal	ole)		ļ
	and the second s			83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Call Res	E00481 100	2.(3 (4) 1227
SUITE 800				63				時代聚
WES	ST PALM BEACH FL 33409			84 City	# 50 \$ Transcriptor	Service de l'	85 Zip C	ode
		·			orporation submits this statement for the	<u> </u>	<u> </u>	
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0303, Fior	ida Otat	uics.	ation's board of directors. I hereby accept	DATE		
	Signature, typed or printed name of registered age		13.	Agent signature requ	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
12.		ND DIRECTORS	1.1 TI	n e			Change	Addition
TITLE	PSD.	- Determ	1.2 N		of The Contract			- - -
NAME	SEGERSTROM, SUSAN C							
STREET ADDRESS				FREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33460	E) OFFETE	_	TY-ST-ZIP			[] Change	Addition
TITLE	VTD	☐ DELETE	2.1 T					_
NAME	BUTLER, MICHAEL C JR		2.2 N		•			
STREET ADDRESS			2.3 S	TREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33460		-	CITY-ST-ZIP			Change	[] Addition
TITLE	·	☐ DELETE	3.1 T	TLE			☐ Cliarige	
NAME	A CONTRACTOR		3.2 N	AME				
STREET ADDRESS			3.3 S	TREET ADDRESS			334.1134	A19 1 15
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NAME	(A)		6.2 N	IAME			1.0	
			6.3 5	TREET ADDRESS				
STREET ADDRESS) ·				· · · · · · · · · · · · · · · · · · ·			

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, or on an attachment with an address, with all other like empowered.