	PROFIT DRPORATION NUAL REPORT		Sa	DEPARTMEN ST Indra B. Morti	ATE				
	1996			ecretary of St N OF CORPC ON	\ S				
DOCU 1. Corpora	JMENT # P	950000	86466	(6)					
	STAURANT EQUIPME								
D									
Principal Place of Business 1013 GATOR LANE WINTER SPRINGS FL 32708		M.	Mailing Address 1013 GATOR LANE WINTER SPRINGS FL 3270						
9						3. Date Incorporated or Qualified 11/09/1995	3a. Date	of Last Re	eport
z. Principal f	Place of Business	2a. 26	Mailing Address			4. FEI Number		-	oplied For
Suite, Apt	·	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	`	\$8.75	Not Applicable Additional
City & Sta	le		City & State	 !		Election Campaign Financing Trust Fund Contribution		\$5.00	May Be
Zip	Country 25	20	Zip	Cdry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability fo			to Fees 199.032,
	9. Name and Address of	of Current Registe	ered Agent	130		10. Name and Address of New		gent	
Pursuant to register	to the provisions of Sections 6 ed agent, or both, in the State	607.0502 and 607. e of Florida. Such c	1508, Florida Statu	ites the alve-par	City ned corpora	ation submits this statement for the pr	FL urpose of chan		Code gistered offi
NATURE _	Signature, typed or printed name of regist	tered agent and title if appl	005, Florida Statute	stes, the alive narized by the propora	ned corpora ation's board	ation submits this statement for the pi d of directors, I hereby accept the app	irpose of chan pointment as re		
SMATLINE	Signature, typed or printed name of regist OFFICE	or, Section 607.05	005, Florida Statute	des, the alive nar ized by the proof is.	ned corpora ation's board	and the control of th	Urpose of chan pointment as re DATE FICERS AND D	ging its re egistered a	gistered offi agent. I am
ELADORESS	Signature, typed or printed name of registrons OFFICE PD BECKER, BOBBY J 1013 GATOR LANE	or, Section 607.05	icatie. N	des, the alive narized by the proofs. OTE Registered years, 13. 1.17.E. 12.NAE	med corpora ation's board gradure required	1 wher renstating)	Urpose of chan pointment as re DATE FICERS AND D	ging its re egistered a	gistered offi agent. I am
ENATURE _ E EI ADORESS -SI-ZIP	Signature Typed or printed name of regist OFFICE PD BECKER, BOBBY J	or, Section 607.05	05, Florida Statute Incatio. N ORS DELETE	des, the alive narized by the priporals. OTE: Registered year is a 13. 1.17.E 1.2 NAE 1. 1.3 SEET AD 1.4 CY: -\$1-2	med corporation's board	1 wher renstating)	Urpose of chan pointment as re DATE FICERS AND D	ging its re egistered a	gistered offi agent. I am
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