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PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000086466** (6)

RESTAURANT EQUIPMENT SALES & SERVICE, INC.

Principal Place of Business Mailing Address

1013 GATOR LANE
WINTER SPRINGS FL 32708

WINTER SPRINGS FL 32708

FILED Apr 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 <u>59-3376895</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Ζıρ Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 24 30 [25] 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BECKER, BOBBY J. 1013 GATOR LANE Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 83 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reliesting) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE BECKER, BOBBY J NAME 1.2 NAME **1013 GATOR LANE** STREET ADDRESS 13 STREET ADDRESS WINTER SPRINGS FL 32708 CHY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE 2.1 TITLE Change Addition THILE PATEL, SUBHASH 2 2 NAME NAME **1013 GATOR LANE** STREET ADDRESS 2.3 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP 2 4 CITY - ST-ZIP Addition DELETE 3 1 TITLE Change 3.2 NAMI STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE 5 1 THLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE ... Change ___ Addition 6 1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP CITY-SI-ZIP

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: 12006) (Dedas Bobby J. Becker 4/23/98 407 695-8145

CR2E034 (10/97)