## 04301999-90178-031-\$150.00-\$150.00

## **PROFIT** CORPORATION

ANNUAL REPORT

ORLANDO FL 32805



FLORIDA DEPARTMENT OF STATE

Katherine Harris

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Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000041706

ALL-WAY RESTAURANT EQUIPMENT SUPPLY CORP.

Mailing Address Principal Place of Business 118 S. ORANGE BLOSSOM TRAIL. UNIT C 118 S. ORANGE BLOSSOM TRAIL UNIT C ORLANDO FL 32805 ORLANDO FL 32805 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/06/1998 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt # etc. 5. Certificate of Status Desired Fee Required 27 (22 City & State \$5.00 May Be 6. Election Campaign Financing City & State  $\Box$ Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country ☐ Yes Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BAD CHEW Street Address (P.O. Box Number is Not Acceptable) 82 118 S. ORANGE BLOSSOM TRAIL, UNIT C

85 Zip Code 3 2 805 ORLANDO 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. 4-26-90

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City

	CHEW, BAO	T P0=	2EB (DENT 4-26-99
SIGNATURE	Signature, typed or printed harrie of registered agent and title if applicable. (NOTE: Re	gustered Agent eigneture re	ne required when reinstating) OATE
12,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P. D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CAEN, BAO J.	1.2 NAME	
STREET ADDRESS	T	1.3 STREET ADDRESS	SS
CITY-ST-ZIP	DRLANDO, FL 32805	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TTLE	Change Addition
		2.2 NAME	
NAME		2.3 STREET ADDRESS	ss
STREET ADDRESS	_	2.4 CITY-ST-ZIP	
CITY-S1-ZIP	DELETE	31 TITLE	Change Addition
TITLE		3.2 NAME	
NAME	<del>-</del>	3.3 STREET ADDRESS	<del></del>
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CITY-ST-ZIP	☐ OELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
TITLE		4.2 NAME	
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CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
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NAME		5.2 NAME	_
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CITY-ST-ZIP	·	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
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NAME	}	62NAME	1
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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 suppliemental 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.

Peesi Deut SIGNATURE(®)

FILED Apr 30, 1999 8:00 am Secretary of State

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