

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S00445**

(4)

1. Corporation Name

C. FOOD EQUIPMENT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:42

Principal Place of Business
**1450 S. DIXIE HWY EAST
POMPANO BEACH FL 33060**

Mailing Address
**1450 S. DIXIE HWY EAST
POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/18/1990** 3a. Date of Last Report **03/08/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0220852** Applied For Not Applicable

21 State, Apt. #, etc.

26 State, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHATILA, ISSAM S.
1450 S. DIXIE HWY EAST
POMPANO BEACH FL 33060**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and that of agent)

(Signature typed or printed name of registered agent and that of agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE: A	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: CATILA, ISSAM S.	13.2 NAME:
12.3 STREET ADDRESS: 1450 S. DIXIE HWY EAST	13.3 STREET ADDRESS:
12.4 CITY, ST, ZIP: POMPANO BEACH FL	13.4 CITY, ST, ZIP:
12.5 TITLE:	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME:	13.6 NAME:
12.7 STREET ADDRESS:	13.7 STREET ADDRESS:
12.8 CITY, ST, ZIP:	13.8 CITY, ST, ZIP:
12.9 TITLE:	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME:	13.10 NAME:
12.11 STREET ADDRESS:	13.11 STREET ADDRESS:
12.12 CITY, ST, ZIP:	13.12 CITY, ST, ZIP:
12.13 TITLE:	13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME:	13.14 NAME:
12.15 STREET ADDRESS:	13.15 STREET ADDRESS:
12.16 CITY, ST, ZIP:	13.16 CITY, ST, ZIP:
12.17 TITLE:	13.17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME:	13.18 NAME:
12.19 STREET ADDRESS:	13.19 STREET ADDRESS:
12.20 CITY, ST, ZIP:	13.20 CITY, ST, ZIP:

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.071(9)(b) 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 in an attachment with an address.

SIGNATURE:

Issam Chatila

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ISSAM CHATILA
PRES.**

1/9/95 305-771-6743