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

Mailing Address

P.O. BOX 146 SANIBEL FL 33957

PROFIT CORPORATION ANNUAL REPORT

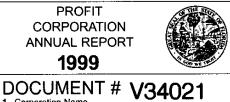
1999

1. Corporation Name

Principal Place of Business

2665 WEST GULF DRIVE

SANIBEL FL 33957



COMMERCIAL FOOD EQUIPMENT MARKETING, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90130 015 ***150.00

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DO NOT WRITE IN THIS SPACE	
te Incorporated or Qualifed	-

US					Date Incorporated or Qualifed 05/04/1992				
2. Principal Pl	ace of Business	2a. Mailing Address		· ···-	4. FEI Number		Applied For		
21	355 51 525111555	26			52-1780468		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	7	5 Additional		
27					5. Certificate of Status Desired	Fee	Required		
City & State City & State				6. Election Campaign Financing \$5.00 May Be					
23		28			Trust Fund Contribution	Adde	ed to Fees		
Zîp	Country	Zip	_ Countrງ ¬	1	8. This corporation owes the currer				
24	25	29 30	0		Personal Property Tax. 10. Name and Address of New Re	Yes	□No		
	9. Name and Address of Currer	nt Registered Agent	81	Nam		gistered Agent			
GILI.	KENNETH R.		"	Nam					
2665 W GULF DRIVE, #1				Stree	treet Address (P.O. Box Number is Not Acceptable)				
	BEL FL 33957		92	83					
			"						
			84	City		FL 85 Z	ip Code		
	the the conditions of Continue 607 050	2 and 607 1509 Elorido Statutas	the char		ed corporation submits this statement for the p		its registered		
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	orized by	the co	rporation's board of directors. I hereby accept	the appointment as	registered		
agent. I ar	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statute:	5 .					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable /NOTE: Re	nistered Age	nt sionatu	re required when reinstating)	DATE			
12.		ID DIRECTORS	13.	in ugnaci	ADDITIONS/CHANGES TO OFFI		TORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Chan			
NAME	GILL, KENNETH R		1.2 NAME						
STREET ADDRESS	2665 W GULF DRIVE, #1		1.3 STREE	T ADDRES	ss				
CITY-ST-ZIP	SANIBEL FL		1.4 CITY-5	T-ZIP					
TITLE	STD	☐ DELETE	2.1 TITLE			☐ Chan	ge 🔲 Addition		
NAME	GILL, JOANNE F		2.2 NAME				Ì		
STREET ADDRESS	2665 WEST GULF DRIVE, #1		2.3 STREE	TADORES	ss		ļ		
ÇITY-ST-ZIP	SANIBEL FL		2.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE		-	Chan	ge 🗌 Addition		
NAME			3.2 NAME		· ·		Ì		
STREET ADDRESS			3.3 STREE	TADORES	ss				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			☐ Chan	ge		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRES	5S ·				
CITY-ST-ZIP			4.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE			☐ Chan	ge 🗌 Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE		SS				
CITY-ST-ZIP		<u> </u>	5.4 CITY-S	IT-ZIP			- DA4497		
TITLE		☐ DELETE	6.1 TITLE		·	Chan	ge		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE		58				
077/07 705			64 CITY-9	T_71D	i				

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.