

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

AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. McKelvey
Secretary of State
Office of Corporations

05 MAY -1 AM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V34041** (6)

1. Corporation Name

WEST BOCA FROZEN HOLDINGS, INC.

Original Office of Incorporation

5100 TOWN CENTER CIR
SUITE 530
BOCA RATON FL 33486

Mailing Address

5100 TOWN CENTER CIR
SUITE 530
BOCA RATON FL 33486

(PRINT NAME IN THIS SPACE)

3. Date of Incorporation (or Dissolution)

05/06/1992

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21. 5100 Town Center Circle

2a. Mailing Address

26. 5100 Town Center Circle

State: Apt. # or

22. Suite 425

State: Apt. # or

27. Suite 425

City & State

23. Boca Raton, Florida

City & State

28. Boca Raton, FL

Zip

24. 33486

Country

25. USA

Zip

29. 33486

Country

30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, DAVID E
C/O STANLEY METAL CORPORATION
5100 TOWN CENTER CIR SUITE 530
BOCA RATON FL 33486

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 Section 607.01(4), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. I, David E. Friedman, Secretary, was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.01(4), Florida Statutes.

SIGNATURE

David E. Friedman Secretary

4/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME: D MILLER, STANLEY T
STREET ADDRESS: 17024 BROOKWOOD DRIVE
CITY: BOCA RATON FL

NAME: D FRIEDMAN, DAVID
STREET ADDRESS: 8419 TWIN LAKE DR
CITY: BOCA RATON FL

NAME: D KOSHKIN, ROBERT
STREET ADDRESS: 320 PLAZA REAL
CITY: BOCA RATON FL

NAME: D MILLER, JOSHUA
STREET ADDRESS: 6765-C MONTEGO BAY BLVD
CITY: BOCA RATON FL

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

NAME:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

407 395 9848