

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY -1 AM 11:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F94000000996 (8)

1. Corporation Name
SPECIALTY MEAT GROUP, INC.

Principal Place of Business Mailing Address
SUITE 409 50 EAST RIVER CENTER BLVD. COVINGTON KY 41011

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/28/1994** 3a. Date of Last Report **nk**

4. FEI Number **95-4460342** Applied For Not Applicable

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

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

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

21. Principal Place of Business 2890 CHANCELLOR DR Suite, Apt. #, etc.	2a. Mailing Address 2890 CHANCELLOR DR Suite, Apt. #, etc.
22. City & State SUITE 210	27. City & State SUITE 210
23. City & State CRESTVIEW HILLS, KY City Country	28. City & State CRESTVIEW HILLS, KY City Country
24. ZIP 41017-3451	25. ZIP KENTON
29. ZIP 41017-3451	30. ZIP KENTON

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 **100001525041**
-06/27/95--01119--015
B4 City *******200.0FL*****200.00**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	SHEA, PETER
STREET ADDRESS	50 EAST RIVER CENTER BLVD, SUITE 409
CITY - ST - ZIP	COVINGTON KY 41011
TITLE	V
NAME	POULIOT, RUSSELL
STREET ADDRESS	4 MOSEY DRIVE
CITY - ST - ZIP	BLOOMFIELD CT 06002
TITLE	ST
NAME	IVORY, JEFF
STREET ADDRESS	4 MOSEY DRIVE
CITY - ST - ZIP	BLOOMFIELD CT 06002
TITLE	D
NAME	CHAVKIN, ARNOLD
STREET ADDRESS	C/O CHEMICAL VTR PTRS/270 PARK AVE, 5TH FL
CITY - ST - ZIP	NEW YORK NY 10017
TITLE	D
NAME	DO, FRANK
STREET ADDRESS	% CHEM. VTR PTRS/10940 WILSHIRE BLVD #1100
CITY - ST - ZIP	LOS ANGELES CA 90024
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2890 CHANCELLOR DR STE 210
14 CITY - ST - ZIP	CRESTVIEW HILLS, KY 41017-3451
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	REMOVED BY MAY 1
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	VICE PRESIDENT / CFO
63 STREET ADDRESS	WILLIAM R. COX
64 CITY - ST - ZIP	2890 CHANCELLOR DR. STE 210 CRESTVIEW HILLS, KY 41017-3451

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this filing 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.

SIGNATURE: **PETER K. SHEA** (Signature and typed name of signing officer or director)
Date: **4/25/95** (Date)
Filing Number: **(606) 544-3700**