

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000996 (8)

1. Corporation Name

SPECIALTY MEAT GROUP, INC.



Principal Place of Business

Mailing Address

2890 CHANCELLOR DR.
SUITE 210
CRESTVIEW HILLS KY 41017-3451

2890 CHANCELLOR DR.
SUITE 210
CRESTVIEW HILLS KY 41017-3451

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/28/1994 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 95-4460342 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

| | |
|---|-----------|
| 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 of principal place of business agent and board director

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PC <input type="checkbox"/> DELETE | 1.1 TITLE | PRES / CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHEA, PETER | 1.2 NAME | |
| STREET ADDRESS | 2890 CHANCELLOR DR., SUITE 210 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CRESTVIEW HILLS KY 41017-3451 | 1.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POULIOT, RUSSELL | 2.2 NAME | |
| STREET ADDRESS | 4 MOSEY DRIVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BLOOMFIELD CT 06002 | 2.4 CITY - ST - ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IVORY, JEFF | 3.2 NAME | |
| STREET ADDRESS | 4 MOSEY DRIVE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BLOOMFIELD CT 06002 | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAVKIN, ARNOLD | 4.2 NAME | |
| STREET ADDRESS | C/O CHEMICAL VTR PTRS/270 PARK AVE, 5TH FL | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY 10017 | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DO, FRANK | 5.2 NAME | |
| STREET ADDRESS | % CHEM. VTR PTRS/10940 WILSHIRE BLVD #1100 | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | LOS ANGELES CA 90024 | 5.4 CITY - ST - ZIP | |
| TITLE | VCEO <input type="checkbox"/> DELETE | 6.1 TITLE | VP / CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COX, WILLIAM P | 6.2 NAME | |
| STREET ADDRESS | 2890 CHANCELLOR DR. | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | CRESTVIEW HILLS KY 41017-3451 | 6.4 CITY - ST - ZIP | |

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT/CEO

Date

2/26/96

(606) 344-3700
Dept. File Phone #

CR2E034 (12/95)