

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90132 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000000996**

1. Corporation Name
SPECIALTY MEAT GROUP, INC.



Principal Place of Business: 2890 CHANCELLOR DR. SUITE 210 CRESTVIEW HILLS KY 41017-3451
 Mailing Address: 2890 CHANCELLOR DR. SUITE 210 CRESTVIEW HILLS KY 41017-3451

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/28/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		95-4460342	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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		85 Zip Code	
FL							

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOSKEY, JOSEPH	1.2 NAME	
STREET ADDRESS	1024 STREAM RIDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45255	1.4 CITY-ST-ZIP	
TITLE	V	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	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVORY, JEFF	3.2 NAME	Cox, William P.
STREET ADDRESS	4 MOSEY DRIVE	3.3 STREET ADDRESS	2890 Chancellor Dr. ste. 210
CITY-ST-ZIP	BLOOMFIELD CT 06002	3.4 CITY-ST-ZIP	Crestview Hills, KY 41017-3451
TITLE	D	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	VPCF	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, WILLIAM P	5.2 NAME	
STREET ADDRESS	2890 CHANCELLOR DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW HILLS KY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: _____ DATE: 2/5/99 DAYTIME PHONE #: 606-344-3500

CR2E034 (11/98)