

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 23 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F94000006283 (5)

1. Corporation Name  
 HARVEST MEAT COMPANY, INC.



Principal Place of Business  
 14748 W. CENTER RD.  
 OMAHA NE 68144

Mailing Address  
 14748 W. CENTER RD.  
 OMAHA NE 68144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 2540 Shades Road  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 1022 West 24th Street  
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
 12/09/1994

4. FEI Number  
 33-0639136  
 Applied For  
 Not Applicable

22. City & State  
 23 Orlando FL  
 Zip Country  
 24 32804 25 USA

27. # 106  
 28 National City, CA  
 Zip Country  
 29 91950-6300 30 USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS ST.  
 SUITE 105  
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
 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

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	NORTON, ROBERT R JR	
STREET ADDRESS	14748 W. CENTER RD.	
CITY-ST-ZIP	OMAHA NE 68144	
TITLE	TAS	<input checked="" type="checkbox"/> DELETE
NAME	MCCONNELL, ROGER	
STREET ADDRESS	14748 W. CENTER RD.	
CITY-ST-ZIP	OMAHA NE 68144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President - P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John J. Leavy	
1.3 STREET ADDRESS	1022 West 24th Street # 106	
1.4 CITY-ST-ZIP	National City, CA 91950-6300	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kevin Leavy	
2.3 STREET ADDRESS	1022 West 24th Street # 106	
2.4 CITY-ST-ZIP	National City, CA 91950-6300	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Eric H. Doan	
3.3 STREET ADDRESS	1022 West 24th Street # 106	
3.4 CITY-ST-ZIP	National City, CA 91950-6300	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE \_\_\_\_\_

9-15-98

CR2E034 (5/98)