


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



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

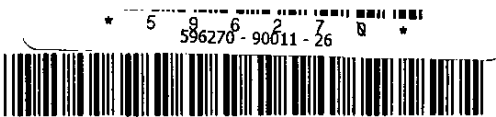
DOCUMENT # F970000067101
1. Corporation Name

HAGEMEYER FOODS (N.A.), INC.

Principal Place of Business
100 GALLERIA PKWY., #1120
ATLANTA GA 30339

Mailing Address
100 GALLERIA PKWY., #1120
ATLANTA GA 30339

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90011 026 ***550.00



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/18/1997

4. FEI Number
51-0316581

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24 Zip Country

25 Zip Country

28 Zip Country

29 Zip Country

30 Zip Country

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 the current year Intangible Personal Property.
Yes No

9. Name and Address of Current 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GUNDLING, D G	1.2 NAME	
STREET ADDRESS	100 GALLERIA PKWY., #1120	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	
NAME	AIELLI, J S	2.2 NAME	
STREET ADDRESS	100 GALLERIA PKWY., #1120	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HIGGERSON, R J	3.2 NAME	
STREET ADDRESS	RIJKSWEWEG 69 1411 GE NAARDEN	3.3 STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MANDERS, I.H.H.J.M.	4.2 NAME	
STREET ADDRESS	RIJKSWEWEG 69 1411 GE NAARDEN	4.3 STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(i), 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: *[Signature]* REQUIRED 7/18/99

CR2E034 (5/99)