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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26726 (0)
1. Corporation Name
EXCEL COUNTRY FRESH MEATS COMPANY



Principal Place of Business 151 NORTH MAIN 9TH FLOOR WICHITA KS 67202 US	Mailing Address 15407 MCGINTY ROAD, WAYZATA, MN P.O. BOX 5626 MS 26 MINNEAPOLIS MN 55440-5626 US
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3. Date Incorporated or Qualified 10/27/1989	3a. Date of Last Report 04/12/1996
4. FEI Number 75-1449430	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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	DCOO	<input type="checkbox"/> DELETE
NAME	PAGE, GREGORY R.	
STREET ADDRESS	15615 MCGINTY RD.	
CITY- ST- ZIP	WAYZATA MN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FIELDING, WILLIAM G.	
STREET ADDRESS	15615 MCGINTY ROAD	
CITY- ST- ZIP	WAYZATA MN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VEAZEY, WILLIAM W.	
STREET ADDRESS	15615 MCGINTY ROAD	
CITY- ST- ZIP	WAYZATA MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARNETT, BRUCE H.	
STREET ADDRESS	15407 MCGINTY ROAD	
CITY- ST- ZIP	WAYZATA MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SMITH, JEANNE Y.	
STREET ADDRESS	15615 MCGINTY ROAD	
CITY- ST- ZIP	WAYZATA MN	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	VEAZEY, WILLIAM W	
STREET ADDRESS	15615 MCGINTY RD WEST	
CITY- ST- ZIP	WAYZATA MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S MIERS, KEITH R.
2.3 STREET ADDRESS	2901 N. MEAD
2.4 CITY- ST- ZIP	WICHITA KS 67219
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D MICEK, ERNEST S.
6.3 STREET ADDRESS	15615 MCGINTY ROAD
6.4 CITY- ST- ZIP	WAYZATA MN 55391

14. I do 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: *Bruce H. Barnett* BRUCE H. BARNETT 4-24-97 612-742-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)