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Jun 10 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 # **P97000072759 (8)**

n/c 12.22.97

1. Corporation Name

D & J PACKING, INC.

Principal Place of Business	Mailing Address
C/O ATLAS, PEARLMAN, TROP & BORKSON, P.A. 200 EAST LAS OLAS BLVD SUITE 1900 FORT LAUDERDALE FL 33301	C/O ATLAS, PEARLMAN, TROP & BORKSON, P.A. 200 EAST LAS OLAS BLVD SUITE 1900 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7138 BERMUDA WAY
Suite, Apt. #, etc
22
City & State
23 BOCA RATON FL.
Zip
24 33433
Country
25 PALM BEACH

2a. Mailing Address
26 7138 BERMUDA WAY
Suite, Apt. #, etc
27
City & State
28 BOCA RATON FL
Zip
29 33433
Country
30 PALM BEACH

3. Date Incorporated or Qualified
08/22/1997

4. FEI Number
11-3403484
☐ Applied For
☐ Not Applicable

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

SOUTH FLORIDA REGISTERED AGENTS
200 EAST LAS OLAS BLVD SUITE 1900
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 Section(s) 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 _____ (New Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE P 1.2 NAME JANE L KAMMER 1.3 STREET ADDRESS 9715 ARBOR OAKS 1.4 CITY-ST-ZIP BOCA RATON FL 33428	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE V.P 2.2 NAME JEFFREY YARISH 2.3 STREET ADDRESS 3335 CARABOLA CIRCLE S. 2.4 CITY-ST-ZIP COCONUT CREEK FL 33066	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

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6.10

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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 added to this report with an address.

SIGNATURE: Jane Kammer 4/24/98 (954) 392-8292