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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040950 (3)

KORT FOODS, INC.

Principal Place of Business

Mailing Address

FILED Jan 29 1998 8:00am Secretary of State



0040 tt 0 1800 8840 4872 004771			Walling Address												
	GHWAY #27 SOUT	Ή	2912 U.S. HIGHWAY #27 SOUTH												
SEBRING FL 33870		SEBRING FL 33870					DO NOT WRITE IN THIS SPACE								
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a Principal B	Hann of Business	 	A- Mailing Ad	droop					06/1996 Number	<u> </u>					
2. Principal Place of Business			2a. Mailing Address					1					<u> </u>		ied For
21			26					6	35-06681	62				_	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Cer	tificate of S	tatus Des	sired				ditional
22			27					ļ					Fee	Requ	ired
City & State			City & State						ction Camp			_			lay Be
23			28					Trus	st Fund Cor	ntribution		凵	Add	ed to	Fees
—	Zip Country			Zip Country				This corporation owes or has paid the current year Intangible							
24 25			29 30						sonal Prope				☐ Yes		Νo
	g. Name and	Address of Current	Registered Agent	t				10. Nar	me and Ad	dress of	New Re	gistered	Agent		
NY	MARK, DENNIS		81 Name												
110 S, PEBBLE BEACH BLVD.							reet Addres	t Address (P.O. Box Number is Not Acceptable)							
SU	IN CITY CENTER	R FL 33573						Triduced (1.07 Dex recipies is not Acceptable)							
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11. Pursuant	to the provisions	of Sections 607.0502	and 607.1508, Flo	rida Statutes	, the above	e-na	med corpor	ration sub	bmits this st	tatement	for the p	ourpose o	of changin	g its r	egistered
office of r	registered agent, o um familiar with lar	of Sections 607.0502 or both, in the State o nd accept the obligat	of Florida, Such cha tions of Section 60	inge was auf 7.0505 Florid	thorized by	y the	corporation	n's board	d of director	rs. I heret	by acce	ot the app	pointment	as re	gistered
	arrian man man er	io accept the obligat	ions or, occion oc	7.0000, 1 1011	oa olalulos	٥.									
SIGNATURE	Signature, typed or prin	ted name of registered agent	and title if applicable.	(NOTE: 8	Registered Age	ent sig	nature required	when reinstr	rating)			DATE		_	
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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 on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED HENRY A. Kent 1-14-98

CR2E034 (10/97