

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 275516 (3)
 1. Corporation Name
SEABOARD COLD STORAGE, INC.



Principal Place of Business 110 SOUTH 11TH STREET P. O. BOX 798 TAMPA FL 33601	Mailing Address 110 SOUTH 11TH STREET P. O. BOX 798 TAMPA FL 33601
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DO NOT WRITE IN THIS SPACE

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
25 Country	30 Country

3. Date Incorporated or Qualified 11/07/1963
4. FEI Number 59-1030417
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

JEREMY E. GLUCKMAN
707 N FRANKLIN ST
9TH FLOOR
TAMPA FL 33602

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	PO <input type="checkbox"/> DELETE
NAME	GREENBAUM, ELLIOT M
STREET ADDRESS	110 SOUTH 11TH STREET
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	MINNER, ROBERT L
STREET ADDRESS	110 SO. 11TH ST.
CITY-ST-ZIP	TAMPA FL
TITLE	TDV <input type="checkbox"/> DELETE
NAME	GREENBAUM, LOIS
STREET ADDRESS	110 S 11TH ST
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	TD <input type="checkbox"/> DELETE
NAME	GREENBAUM, LOIS
STREET ADDRESS	110 S 11TH ST
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	GREENBAUM, TOBA
STREET ADDRESS	110 S 11TH ST
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	KOGOD, SANDRA
STREET ADDRESS	110 S. 11TH ST.
CITY-ST-ZIP	TAMPA FL

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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)(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: *Robert L. Minner* **ROBERT L. MINNER** 4-8-98 813-229-7951

CR2E034 (10/97)