**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 291980**

**VOSCINAR POULTRY FARMS INC** 

Country

9. Name and Address of Current Registered Agent

25

Princi	pal	Pla	ce (	of E	3u	sin	ess
<b>-</b>							

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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17343 BENES-ROUSH ROAD **BROOKSVILLE FL 34609** 

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

24

17343 BENES-ROUSH ROAD BROOKSVILLE FL 34609

## Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90043 004 \*\*\*150.00



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DO NOT WRITE IN THIS SPACE	

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

MNo

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

04/14/1965 4. FEI Number

59-1115062

. VOS	CINAR, STEVE								j
17343 BENES ROUSH RD BROOKSVILLE FL 34609			82	Street	Address (P.O. Box Number is Not Accep	table)			
			83	1		-			
			_				leel -	- C-	<del></del> _
			84	City		FL	85 Z	ір Со	ue
office or r	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was author	orized by	/ the corp	corporation submits this statement for th oration's board of directors. I hereby acc	e purpose of c ept the appoin	hanging tment as	its re	gistered itered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Rec	nistered Ana	ent signature i	required when reinstating)	DATE			—
12.	OFFICERS AND DIRECTORS	, (NOTE: NO	13.	int signature	ADDITIONS/CHANGES TO O	FFICERS AND	DIREC	TOR	S IN 12
TITLE	PD OFFICERS AND BIRESTORS	☐ DELETE	1.1 TITLE				Chan		Addition
	VOSCINAR,STEVE		1.2 NAME						
NAME	BENES ROUSH RD			T ADDRESS	·				
STREET ADDRESS	MASARYKTOWN FL		1.4 CITY-5						
CITY-ST-ZIP TITLE	VD	DELETE	2.1 TITLE	31-ZIF		••	☐ Chan	ge	Addition
	VOSCINAR.MICHAEL	OLLENI	2.2 NAME					-	_ }
NAME	BENES ROUSH RD			TADDRESS					ļ
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NAME	*,		6.2 NAME						
STREET ADDRESS.				T ADDRESS					ĺ
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP					

Country

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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 parallectment with an address, with all other like empowered.

SIGNATURE:

Upseman RED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 6-1999 352-799-4186