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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 374238

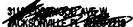
(4)

PREMIER MEATS, INC.

Principal Place of Business

3118 EDGEWOOD AVE W.

Mailing Address



FILED May 19 1997 8:00am Secretary of State



JACKSONVILLE FL 32209		MUNSON MILE PL MEMORIE			
				3. Date Incorporated or Qualified 12/18/1970	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21			ZANTIC BIUD,	59-1313763	Not Applicable
Suite Apti 271	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	7/3	City & State			Fee Required
23		28 JACKSOWII	19 FZ 32211	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip TTT	Country	70 322//	Country 30	8. This corporation has liability for	ntangible tax under s. 199.032,
24	25 9. Name and Address of Cu	150	30 UJA	Florida Statutes 10. Name and Address of New Re	Yes No
ACI	KER, GERALD	Helly Hollistonen Marit	81 Name	10. Name and Address of New Re	distated Agent
	18 EDGEWOOD AVE., W.				
JACKSONVILLE FL 32209			82 Street Ad	ddress (P.O. Box Number is Not Acceptat	ele)
W/ PC	THE PERSON OF TH		83		
			20		
			84 City		FL 85 Zip Code
OILSE OF F	to the provisions of Sections 607, registered agent, or both, in the S im familiar with, and accept the o	itate of Fiorida. Such channe was	: Buithnrized by the coron	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registern		TE: Registered Agent signature re		DATE
12.	OFFICERS DPV	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	ASKER, GERALD	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADORESS	3118 EDGEWOOD AVE W.		1.2 NAME		
City-St-ZiP	JACKSONVILLE FL		1.3 STREET ADDRESS		
THE		DELETE	1.4 CHY+ST+ZiP 2.1 ₹ITL€		Change Addition
NAM		•	2.2 NAME		
STHEFT ADDRESS			2.3 STREET ADDRESS		
CID - ST. ZIP			2.4 CITY - ST- ZIP		
10116		DELETE	3.1 TITLE		Change Addition
NAM:			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-74P			4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TILE		☐ DELETE	5.1 TITLE		Change Addition
NAMe			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
Cdy-SLZIP		DELETE	5.4 CITY-ST-ZIP		
MANAG.		r" nereit	6.1 TITLE		Change Addition
NAME CLOSET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST- ZiP [6.4 CiTY-ST-ZiP		

on nereby 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: