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 #

(4)

PREMIER MEATS, INC.

Principal Place of Business

Mailing Address

FILED Feb 26 1998 8:00am Secretary of State



3118 EDGEWOOD AVE W. JACKSONVILLE FL 32209			7006 ATLANTIC BLVD JACKSONVILLE FL 32211 US			DO NOT WRITE IN THIS SPACE						
							Date Incorporated or Qualified 12/18/1970					
2.	Principal Place of Busi	ness	2a. Mailing Add	2a. Mailing Address			4. FEI Number		\Box	Applied For		
21			26	26			59-1313763			Not Applicable		
22	Suite, Apt. #, etc		Suite, Apt 4	Suite, Apt #, etc.			5. Certificate of Status Desired	_ \$	\$8.75 Additional Fee Required			
23	City & State		City & State	City & Stale			6. Election Campaign Financing Trust Fund Contribution					
24	Ζφ	Country 25	Ζιρ 29]	30 Co	untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	g, Name	and Address of Curr	ent Registered Agent				10. Name and Address of New Regis	tered Age	nt			
asker, gerald						Name						
3118 EDGEWOOD AVE., W. JACKSONVILLE FL 32209					82	82 Street Address (P.O. Box Number is Not Acceptable)						
					83							
					84	City		FL	35	Zip Code		
11							oration submits this statement for the purp on's board of directors. I hereby accept the					

SIGNATURE	Signature, typed or printed name of registers Lagers and title if applicable	(NOTE Registered Agent signature rec	guired when reinstaling) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	DPV DELE		☐ Change ☐ Addition
NAME	ASKER, GERALD	1.2 NAME	
STREET ADDRESS	3118 EDGEWOOD AVE W.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONMILLE FL	1.4 CITY-ST-ZIP	
TITLE	DELE:		Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY - ST - ZiP	
TITLE	DELE	TE 3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 SYREET ADDRESS	
CITY-ST-ZIP		3 4. CITY-ST-ZIP	
TITLE	DELF	TE 41 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELE	TE 5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZiP		5.4 CITY-ST-ZIP	
TITLE	DELE	TE 6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		63 STREET ADDRESS	
0/T// 07 T/O		0.4.03744.03.749	

14. Thereby 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.

Torus Asker

2/20/98

94-993-1986