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FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 408432 (3)

1. Corporation Name
CYPRESS FOODS, INC.



Principal Place of Business 702 42ND ST NW WINTER HAVEN FL 33881	Mailing Address 702 42ND ST NW WINTER HAVEN FL 33881-2669
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3. Date Incorporated or Qualified 09/11/1972	3a. Date of Last Report 04/08/1996
4. FEI Number 59-1415511	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
24. Country	25. Country

9. Name and Address of Current Registered Agent

**BIGGERS, JAMES R.
 702 42ND STREET, N.W.
 WINTER HAVEN FL 33881-9870**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ DATE _____
Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BIGGERS, JAMES R.	
STREET ADDRESS	702 42ND STREET N.W.	
CITY- ST- ZIP	WINTER HAVEN FL 33881	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	OSWALD, JOYCE V	
STREET ADDRESS	702 42ND ST. N.W.	
CITY- ST- ZIP	WINTER HAVEN FL 33881	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUINN, BRENDA	
STREET ADDRESS	702 42ND ST. NW	
CITY- ST- ZIP	WINTER HAVEN FL 33881	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GORDON, JENNIFER	
STREET ADDRESS	702 42ND ST., N.W.	
CITY- ST- ZIP	WINTER HAVEN FL 33881	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VANCE, DAVID	
STREET ADDRESS	702 42ND ST, NW	
CITY- ST- ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 do 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, changed or in an attachment with an address.

SIGNATURE: David Vance 2/17/97 (941) 967-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)