Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90153 032 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 484226

1. Corporation Name

HOLLYW	/OOD WHOLESALE MEATS,	, INC.								
Principal Place	e of Business	Ma	ailing Address	-			- 1 (45)   0.000 103)   0.000   1.000			ili dedii iade
2126 COLLINS CT 2126 COLLINS CT										
HOLEYWOOD FL 33020 HOLEYWOOD FL 33020							DO NOT WRITE IN TH	e enace	-	
							DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	SPACE	<u> </u>	
							09/11/1975			\
2. Principal P	lace of Business	2a.	Mailing Address				4, FEI Number		Appl	lied For
21		26					59-162 <u>35</u> 16			Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired	*	<b>75</b> Ad ee Req	lditional uired
City & Stat	e		City & State				6, Election Campaign Financing	\$5	.00 N	lay Be
23		28					Trust Fund Contribution	Ad	ided to	Fees
Zip	Country	L,	Zip	Cour	ntry		8. This corporation owes the current year			3
24	9. Name and Address of Curren	29	tored Agent	30			Personal Property Tax.  10. Name and Address of New Registere	☐ Yes	5 L	No.
	5. Name and Address of Curren	it ivegis	tered Agent		81	Name	To. Hallo dita / loaness	<u></u>		
	EMIA, GARY A			-	82	Change Address	ss (P.O. Box Number is Not Acceptable)			
	COOLIDGE STREET				82	Street Addres	SS (P.O. BOX Number is not Acceptable)			
HOL	LYWOOD FL 33020				83					
				ŀ	84	City	F	85	Zip Co	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 60	07.1508, Florida Statut	es, the ab	ove-	-named corpor	ration submits this statement for the purpose	of changir	ng its re	egistered stered
office or r agent. I a	egistered agent, or both, in the state im familiar with, and accept the obligat	of Florid	Section 607.0505, Flo	rida Statu	tes.	ne corporation	's board of directors. I hereby accept the app	on union	as regi	Stereu
SIGNATURE							3-5	5-99		
	Signature, typed or printed halhe of registered ager	nt and title i	fapplicable. (NOTE	: Registered A	Agent	signature required i				
12	/ Intercept AN	IN DIRE	CTORS	12			ADDITIONS/CHANGES TO DEFICERS	AND DIRE	ECTOR	S IN 12
12.	PV OFFICERS AN	D DIRE	CTORS DELETE	13.	LE		ADDITIONS/CHANGES TO OFFICERS	AND DIRE		S IN 12
12. TITLE NAME	<i>"</i>	ID DIRE		_			ADDITIONS/CHANGES TO OFFICERS			
TITLE	PV EUFEMIA, GARY	ID DIRE		1.1 TITL 1 2 NAM	ME	ADDRESS	ADDITIONS/CHANGES TO OFFICERS			
TITLE	PV EUFEMIA, GARY	ID DIRE		1.1 TITL 1 2 NAM	ME REET /		ADDITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS	PV EUFEMIA, GARY 2655 COOLIDGE ST.	ID DIRE		1.1 TITL 1 2 NAM 1.3 STF	ME REET/ Y-ST-		ADDITIONS/CHANGES TO OFFICERS		ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV EUFEMIA, GARY 2655 COOLIDGE ST. HOLLYWOOD, FL 00000	ID DIRE	☐ DELETE	1.1 TITL 1.2 NAM 1.3 STE 1.4 CIT	ME REET / Y-ST- LE		ADDITIONS/CHANGES TO OFFICERS	Cha	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PV EUFEMIA, GARY 2655 COOLIDGE ST. HOLLYWOOD, FL 00000 SECY ROWALO OLIVA		☐ DELETE	1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM	ME REET/ Y-ST- LE ME		ADDITIONS/CHANGES TO OFFICERS	Cha	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PV EUFEMIA, GARY 2655 COOLIDGE ST. HOLLYWOOD, FL 00000 SECY ROWALO OLIVA		□ DELETE □ DELETE	1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM	ME Y-ST- LE ME	- ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS	□ Cha	ange ange	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV EUFEMIA, GARY 2655 COOLIDGE ST. HOLLYWOOD, FL 00000 SECY RONALO OLIVA 2829 N.W. 8 AVE		DELETE    DELETE   DELETE   DELETE	1.1 TITI 12 NAM 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITI 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAM 5.3 STF 5.4 CIT 5.3 STF 5.3 STF 5.4 CIT 5.4 CIT 5.4 CIT 5.5 STF 5.4 CIT	ME Y-ST- LE ME REET/ Y-ST LE ME REET/ Y-ST LE ME REET/ Y-ST- LE ME REET/ Y-ST- LE ME REET/ Y-ST- LE ME REET/ LE ME REET/ LE ME REET/ LE ME	-ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	- <u>-</u>	Chi	ange ange ange	Addition Addition Addition Addition

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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LQUIRED

Daytime Phone #