FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 507582 (5)

1. Corporation Name

BEEFMASTER, INC.

Principal Place of Business
907 S. SIXTEENTH AVE.
JACKSONVILLE FL 32250

Mailing Address
907 S. SIXTEENTH AVE.
JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1976
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-1679126 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199 Florida Statutes [ ] Yes [X] No

2. Principal Place of Business / 2a. Mailing Address — 21 / 26, Suite, Apt. # etc. 22 / 27, City & State 23 / 28, Zip 24 / 29, Country 25 / 30

9. Name and Address of Current Registered Agent

EAKIN, PAUL M ESQ.
599 ATLANTIC BLVD.
SUITE 4
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	GORDON, JOHN
STREET ADDRESS	3511 EMERSON ST.
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS [ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0024867 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **508079** **(1)**

1. Corporate Name

WILLIAM T. YOUNG & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4600 W. CYPRESS ST. SUITE 451 TAMPA FL 33607	4600 W. CYPRESS ST. SUITE 451 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1976	3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-1689060	[ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business 21 — 2a. Mailing Address 26
Suite, Apt. # etc. 22 — Suite, Apt. # etc. 27
City & State 23 — City & State 28
Zip 24 — Country 25 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

YOUNG, WILLIAM T. JR.
4706 NEPTUNE
TAMPA FL 33609

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YOUNG, WILLIAM T. JR.
STREET ADDR	4600 W. CYPRESS ST.
CITY-ST-ZIP	TAMPA FL
TITLE	ST
NAME	THOMAS JAMES N.
STREET ADDR	4600 W. CYPRESS ST
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	THOMAS, JAMES N.
STREET ADDR	4600 W. CYPRESS ST.
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition (fields blank)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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: James N. Thomas (signature) James N. Thomas — May 15, 1995 — 813-289-1817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0292774 CP