

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

FILED

Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 574442 (0)
1. Corporation Name
TROPMI IMPORT CO.

Principal Place of Business ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-5001 US	Mailing Address ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-5001 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/01/1978

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 47-0759373 Applied For Not Applicable 5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GONZALEZ, JESSE 13924 PEPPERRELL DR TAMPA FL	1.1 TITLE	Vice President-Tax Keith, Debra L. 2918 Blackhawk Circle Omaha, NE 68123
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VST THOMAS, L.B. ONE CONAGRA DR OMAHA NE	2.1 TITLE	Vice President - Treasurer Lacey, M.E. 9519 Parker Street Omaha, NE 68114
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D GOSLEE, DWIGHT 20965 ROUNDUP ROAD ELKHORN NE	3.1 TITLE	Vice President - Secretary O'Donnell, James P. 15724 Leavenworth Street Omaha, NE 68118
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V DILL, J.J. 326 S 124TH ST OMAHA NE	4.1 TITLE	D DiFonzo, Ken 16646 Howard Circle Omaha, NE 68144
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS BADBERG, SUE ONE CONAGRA DR OMAHA NE	5.1 TITLE	D O'Donnell, James P. 15724 Leavenworth Street Omaha, NE 68118
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D FLETCHER, PHILIP B. ONE CONAGRA DR OMAHA NE	6.1 TITLE	D Keith, Debra L. 2918 Blackhawk Circle Omaha, NE 68123
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: Debra S. Keith VICE PRESIDENT-TAX 3/25/98 402-595-4080

CR2E034 (10/97)