

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

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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **619761** (0)

1. Corporation Name
FAMILY FOODS, INC.



Principal Place of Business 1641 N. TAMiami TR. N. FT MYERS FL 33903 US	Mailing Address 834 SW 56 ST CAPE CORAL FL 33914-7223
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3. Date Incorporated or Qualified 05/03/1979	3a. Date of Last Report 02/07/1996
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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 59-1908389	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRITAIN, F.T.
834 SW 56TH ST.
CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent

81 Name BRITAIN, F.T.	82 Street Address (P.O. Box Number is Not Acceptable) 3721 DOWNWIND LN.
83	
84 City No. FT. MYERS	85 Zip Code FL 33917

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE BRITAIN, F.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRITAIN, F.T.		1.2 NAME	
STREET ADDRESS 834 SW 56TH ST.		1.3 STREET ADDRESS 3721 DOWNWIND LN	
CITY-ST-ZIP CAPE CORAL FL		1.4 CITY-ST-ZIP No. FT. MYERS FL 33917	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE BRITAIN, PATSY M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRITAIN, PATSY M.		2.2 NAME	
STREET ADDRESS 834 SW 56TH ST.		2.3 STREET ADDRESS 3721 DOWNWIND LN	
CITY-ST-ZIP CAPE CORAL FL		2.4 CITY-ST-ZIP No. FT MYERS FL	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 registered agent 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:

FELIX T. BRITAIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 **(94)543-1070**
Date Daytime Phone #

CR2E034 (9/96)