

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 624194 (7)
1. Corporation Name
S & R FOODS, INC.



Principal Place of Business
6846 W ATLANTIC BLVD
MARGATE FL 33063

Mailing Address
6846 W ATLANTIC BLVD
MARGATE FL 33063 - 5045

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1979	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-1915448	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent BERNSTEIN, HERBERT J. 6846 W. ATLANTIC BLVD. MARGATE FL 33063 - 5045				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 33063-5045

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	OD							1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	BERNSTEIN, HERBERT J.							1.2 NAME							
STREET ADDRESS	6846 W ATLANTIC BLVD.							1.3 STREET ADDRESS							
CITY-ST-ZIP	MARGATE, FL 00000 45							1.4 CITY-ST-ZIP	33063-5045						
TITLE	OD							2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	BERNSTEIN, EMILY							2.2 NAME							
STREET ADDRESS	6846 W. ATLANTIC BLVD.,							2.3 STREET ADDRESS							
CITY-ST-ZIP	MARGATE FL 45							2.4 CITY-ST-ZIP	33063-5045						
TITLE								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								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								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								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 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

CR2E034 (10/97)