

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morhison Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 670480 (3)
1. Corporation Name
DIVERSIFIED FOOD MARKETING, INC.



Principal Place of Business 456 CAUSWAY BLVD DUNEDIN FL 34698	Mailing Address 456 CAUSWAY BLVD DUNEDIN FL 34698
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3. Date Incorporated or Qualified 05/19/1980	3a. Date of Last Report 02/02/1995
4. FEI Number 59-2009238	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 checked="" type="checkbox"/> No	

21. Principal Place of Business 1380 GOLF BLVD # 300	22. Mailing Address 1380 GOLF BLVD # 300
22. Suite, Apt #, etc. CLEARWATER, FL	27. Suite, Apt #, etc. CLEARWATER, FL
23. City & State 34630	28. City & State 34630
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
**DAVIGNON, MARCEL
456 CAUSEWAY BLVD.
DUNEDIN FL 34630**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	1380 GOLF BLVD # 300
83. City	CLEARWATER FL 34630
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 _____ (NOTE: Registered Agent signature required when re-appointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	DAVIGNON, MARCEL E.	
STREET ADDRESS	456 CAUSEWAY BLVD.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVIGNON, NOREEN	
STREET ADDRESS	456 CAUSEWAY BLVD.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMAS, KAREN	
STREET ADDRESS	456 CAUSEWAY BLVD.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	1380 GOLF BLVD # 300
14. CITY-ST-ZIP	CLEARWATER, FL 34630
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	1380 GOLF BLVD # 300
24. CITY-ST-ZIP	CLEARWATER, FL 34630
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	1380 GOLF BLVD # 300
34. CITY-ST-ZIP	CLEARWATER, FL 34630
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address _____

SIGNATURE: *Noreen Davignon* **NOREEN DAVIGNON** 6-18-96 813 545 3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (3/96)