

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB -7 PM 4:52

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 826959 (9)

1. Corporation Name
NEW ZEALAND LAMB COMPANY, INC.

Principal Place of Business Mailing Address
555 TAXTER ROAD 555 TAXTER ROAD
ELMFORD NY 10523 ELMFORD NY 10523

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/01/1971
3a. Date of Last Report 07/08/1994

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

4. FEI Number 36-2721201 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	VALENTINE, GRAHAM W.
STREET ADDRESS	32 A CHATSWORTH RD
CITY - ST - ZIP	SILVERSTREAM NE
TITLE	D
NAME	BETTEL, R. G
STREET ADDRESS	P.O. BOX 845 N/A
CITY - ST - ZIP	INVERCARGILL NE
TITLE	SD
NAME	MICHAUD, EDWARD J
STREET ADDRESS	3120 CORRIGAN DRIVE
CITY - ST - ZIP	ONTARIO CA
TITLE	D
NAME	BARNETT, MERVIN
STREET ADDRESS	RIVERSLOW, DUNSANDEL RD
CITY - ST - ZIP	LEESTON NE
TITLE	PD
NAME	COMFORT, J. BRIAN
STREET ADDRESS	1693 KELSEY CT
CITY - ST - ZIP	MISSISSAUGA ON
TITLE	D
NAME	PLANT, ROY D
STREET ADDRESS	381 VALLEYFIELD DR
CITY - ST - ZIP	MISSANGA ON

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Delete
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	MISSISSAUGA, ONTARIO

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 110.07(3)(b), 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 all attachments with no alteration.

SIGNATURE: *Sandra B. Matham* Secretary-Director JAN 25/95 (416) 620-9505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (OFFICER OR DIRECTOR)