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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 826959

(9)

NEW ZEALAND LAMB COMPANY, INC.

FILED Jan 27 1998 8:00am Secretary of State



1												
Principal Place of Business Mailing Address									T I INDINE FREIN ISDEN GEFEN INIGE NICHD INIE T			# #
106 CORPOR SUITE 113 WHITE PLAIN	ATE PARK DRIV		106 CORPORATE PARK DRIVE SUITE 113 WHITE PLAINS NY 10604					DO NOT WRITE I	IN THIS S	PACE	=	
US	15 NT 10004		US					3. Date Incorporated or Qualified				
									11/01/1971			
2. Principal P	tace of Busine	SS .	2a	2a. Mailing Address					4. FEI Number		Ar	oplied For
21				26					36-2721201			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	15		Additional
22				27					5. Certificate of Status Desired	LEJ.	Fee Re	equired
City & State				City & State					6. Election Campaign Financing	.		May Be
23			28	Zip Country					Trust Fund Contribution	<u> </u>		to Fees
Žìp	Country			Zip Cou			untry		8. This corporation owes or has paid	_		tangible No
24	25 9. Name and Address of Current								Personal Property Tax due June 30. Li Yes. Li No			
CT												
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD							82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324								a Addre	dress (P.O. 50x Nurriper is Not Acceptable)			
						83						
						84	, ,			FL	1 1	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			D DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	CD			DEŁ	ETE	1.1 TITLE				ŀ	Change	Addition
NAME	BETTIE, R G			1.2								
Street Aodress	19 LOCKNOW TERRACE			1.3			,3 STREET ADDRESS					[;
CITY-ST-ZIP	KHANDALLAH NE						1,4 CITY-ST-ZIP				-	
TITLE	SDVP						2.1 TITLE			1	Change	Addition
NAME	MICHAUD, EDWARD J			2.3 5			2.2 NAME					
STREET ADDRESS	3120 CORRIGAN DRIVE						2.3 STREET ADDRESS					
CITY-ST-ZIP	MISSISSAGEA ON						ST-ZIP			-	Channa	Adding
TITLE	PD CONFORT I BRIAN						3.1 TITLE			ı	Change	☐ Addition
NAME	COMFORT, J. BRIAN						3.2 NAME					İ
STREET ADDRESS	1693 KELSEY CT MISSISSAUGA ON			i i			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					ŀ
CITY-ST-ZIP TITLE	D D	OGA ON		X D€L	ETE	4.1 TITLE	SI-ZIP	-		· · ·	Change	Addition
NAME	PLANT, R	מ עח		See See		4. 2 NAME				•		
STREET ADDRESS		EYFIELD DR				4.3 STREET	. VDUBEC	,				Ì
CITY - ST - ZIP	MISSISSA					4.4 CITY - 5		`				
TITLE	VP	001011		DEL	ETE	5.1 TITLE	71-21	1			Change	Addition
NAME		CE, RICHARD				5.2 NAME						
STREET ADDRESS	10 HYDE					5.3 STREET	ADDRESS	,				
CITY-ST-ZIP	WESTON					5.4 CITY - 9						
TITLE		<u> </u>		☐ DEL	ETE	5.1 TITLE		+			Change	Addition
NAME						6.2 NAME						
STREET ADDRESS						6.3 STREET	ADORESS	;				
CITY-ST-ZIP						6.4 CITY-5	IT- ZIP					
14. I hereby o	certify that the	nformation supplied	with this	filing does not a	ualify for th	e exemp	tion sta	ted in S	ection 119.07(3)(i), Florida Statutes. I fu	urther cer	ify that the	Information

ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in