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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 834294

(1)

ALLEN FOODS, INC.

Principal Place of Business

•

Mailing Address

FILED
Jan 26 1998 8:00am
Secretary of State



ST. LOUIS MO 63114 ST. LOUIS MO 63114									DO NOT WO!	TE IN THE 6	PACE	
								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
							3.	05/02/1975		4		
Principal Place of Business     2a. Mailing Address							4.	FEI Number	·			Applied For
21	1200 01 000111000		26					43-06446	69		<b>⊢</b>	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.								\$8.7	5 Additional
22			27			5.	. Certificate of S	Status Desired		Fee	Required	
City & Stat	е		City & State				6.	Election Camp	aign Financing			00 Мау Ве
23			28				Trust Fund Co		<u> </u>		ed to Fees	
Zip	<del></del> -1	Country	Zip Country			8.	•	on owes or has p				
24					30				erty Tax due Jui		Yes	□ No
9. Name and Address of Current Registered Agent						Name		, Name and Ac	idless of New 1	registered /	-gent	
PRENTICE-HALL CORPORATION SYSTEM, INC.					81							
1201 HAYES ST.					82 Street Address (P.O. Box Number is Not Acceptable)					able)		
STE. 105 TALLAHASSEE FL 32301					83							
17.	TAINOOLL I L					*****				1		
1					84	,				FL	f	ip Code
11. Pursuant	to the provisions	of Sections 607.0502	and 607.1508, Florida St	atutes, the a	above	-name	d corporation	on submits this :	statement for the	purpose of	changin	g its registered
office or r	registered agent, im familiar with, a	or both, in the State on the obligation	of Florida. Such change w tions of. Section 607.0505	as authorize . Florida Sta	ed by atutes	the co s.	rporation's I	board of directo	rs. I hereby acc	ept the app	ointment	as registered
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  DATE												
12,		OFFICERS AND		13.				ADDITIONS/CH	ANGES TO OFF	FICERS AND	DIRECT  Chang	
TITLE	<del>CD</del>	• .	DELETE		NTLE						☐ near	le
NAME	ALLEN, BEN				NAME							
STREET ADDRESS						ADDRESS						
CITY - ST - ZIP	VPD DELETE				CITY - S	T-ZIP	<del> </del>				Chanc	e Addition
TITLE	ALLEN, RICHARD				2.1 TITLE 2.2 NAME							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	15 THORND			2.3 STREET ADDRESS								
STREET ADDRESS	ST, LOUIS,			2.4 CITY-ST-ZIP								
CITY-ST-ZIP TITLE	VD VD	☐ DELETE		3.1 TITLE						Chang	e Addition	
NAME	ALLEN, JOEL				3.2 NAME							_
STREET ADDRESS	OATO DACE AVENUE				3.3 STREET ADDRESS							
City-ST-ZIP	CT LOUIC MO				3.4. CITY - ST - ZIP							ļ
TITLE	PD DELETE				4.1 TITLE						☐ Chang	ge
NAME	ALLEN, STA	NLEY	_	4. 2	NAME		-					
STREET ADDRESS	00 1471 0 14 1411 00				4.3 STREET ADDRESS							
CITY-ST-ZIP	ST. LOUIS I	ON		4.4	CITY-S	T-ZIP						
TITLE	STD		☐ DELETE	5.1	TITLE				-		☐ Chang	ge
NAME	NEBULONI,	ANGELO		5.2	NAME							
STREET ADDRESS	4735 HEBEI			5.3	STREET	ADDRESS	1					
CITY-ST-ZIP	ST. LOUIS I	MO		5,4	CITY-S	IT-ZIP						<u></u>
TITLE	VD		DELETE	6.1	TITLE						Chang	ge 🔲 Addition
NAME	COHEN, LO			6.2	NAME							
STREET ADDRESS	1	TMORE DR.		6.3	STREET	ADDRESS						
CITY-ST-ZIP	ST. LOUIS I	MO		6.4	CITY-S	T-ZIP	<u> </u>		Florida Otologo	T. F. attack	4°6 . 45 . 1	the Information

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.

RE REQUIRED

1/15/97 (314) 426-4100

SIGNATURE: