## 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 # 843806

(1)

2a. Mailing Address

Suite, Apt. #, etc.

GOLDKISS FARMS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

21

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Principal Place of Business	Mailing Address	
102 BROOKSIDE DR.	102 BROOKSIDE DR.	
P.O. BOX 1419	P.O. BOX 1419	
GRAPEVINE TX 76051	GRAPEVINE TX 76051	

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## FILED Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

 Date Incorporated or Qualified 07/27/1979

75-1643705

5. Certificate of Status Desired

4. FEI Number

City & State	•	City & State				6.	Election Camp	aign Financi	ng		\$5.00	May Be			
23		28					Trust Fund Cor	ntribution			Added t	o Fees			
Zip	Cor	untry	Zip	<b>⊢</b> ¬ ' ⊢			G. This corporation of the paid the of								
24	25	29 30 30 ddress of Current Registered Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent									
				10,	Name and Ad	dress of Ne	w Register	ed Age	nt						
	CORPORATION S				81	'   '	Name								
1200 S. PINE ISLAND ROAD					82	2 3	Street Addres	ss (P.	O. Box Numbe	r is Not Acce	eptable)				
PLANTATION FL 33324					<u> </u>										
					83	3									
					84	1 (	City					. 8	5 Zip (	ode	
												<u>-L  </u>	<u></u>		
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.	Signature, typed or printed	OFFICERS AND		e, (NOIE: HI	13.	ent s	signature required		DDITIONS/CHA	ANGES TO C			ECTOR	 S INI 12	
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		BROOKSIDE DRIVE													
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NAME					2.2 NAME									}	
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NAME					6.2 NAME										
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CITY-ST-ZIP		<del>-</del>	Pat		6.4 CITY-S				1444						
14. I hereby co	ertify that the information this annual report	ation supplied with or supplemental:	this filing doe: annual report is	s not qualify for the true and accura	te exemp	otior at r	n stated in Se my signature	ection shall	119.07(3)(i), F have the same	iorida Statut e legal effect	es. I further as if made	r certify under o	tnat the path; tha	intormation t I am an	

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 out; 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.

2/2/98