FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # 845562 (8)

1. LANDSMAN PACKING CO., INC.

Principal Place of Business	Mailing Address
18071 BISCAYNE BLVD. 1601 N. MIAMI BEACH FL 33160	3254 W. MOHAWK LN PHONIX AZ 85027-030 US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated/Qualified: 03/24/1980	3a. Date of Last Report: 04/20/1994
4. FEI Number: 38-1549704	Applied For / Not Applicable
5. Certificate of Status Desired: [ ]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ]	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KNESKI, PETER / KNESKI & KNESKI BISCAYNE BUILDING STE 807 19 W. FLAGLER ST. MIAMI FL 33130	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 Section 607.0502, 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. The corporation's Board of Directors hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: 5/3/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TD VANICEK, R D 3254 W. MOHAWK LN PHOENIX AZ 30	[ ] Change [ ] Addition
PD LANDSMAN, SAMUEL 18071 BISCAYNE BLVD 1601 N MIAMI BEACH FL 12	[ ] Change [ ] Addition
SD LANDSMAN, RHODA 18071 BISCAYNE BLVD 1601 N MIAMI BEACH FL 12	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is true, accurate and complete as of the reporting date stated in Section 607.1622, Florida Statutes. I further certify that the information stated on this annual report or supplemental annual report is true and complete 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 with an asterisk (*), as required by law.

SIGNATURE: R. D. VANICEK — 4/10/95 — 602-780-4963

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481407 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA DEPARTMENT OF STATE

1995

DOCUMENT # 846593 (2)

NERO'S OF OCALA, INC.

Principal Place of Business	Mailing Address
C/O PAUL D'ALTO 6419 NEWBERRY ROAD GAINESVILLE FL 32605	2413 N.E. 19TH DR. 6419 NEWBERRY ROAD GAINESVILLE FL 32609 US

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1980

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2066378 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
D'ALTO PAUL 6419 NEWBERRY ROAD , GAINESVILLE FL 32605	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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	TITLE	President [X] Change [ ] Addition
NAME	D'ALTO, ANTHONY	NAME	
STREET ADDRESS	47 CHARCOAL HILL RD.	STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	CITY-ST-ZIP	
TITLE	VTD	TITLE	[ ] Change [ ] Addition
NAME	D'ALTO, PAUL	NAME	
STREET ADDRESS	6419 NEWBERRY RD.	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] MAR-15-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0033969 CP