

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **852551** (1)
1. Corporation Name
NORTHLAKE FOODS, INC.



Principal Place of Business Mailing Address
3414 PEACHTREE RD SUITE 300
ATLANTA GA 30326-1113

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3424 Peachtree Road Suite, Apt. #, etc. 22 Suite 2075 City & State 23 Atlanta, Georgia Zip 24 30326	2a. Mailing Address 26 3424 Peachtree Road Suite, Apt. #, etc. 27 Suite 2075 City & State 28 Atlanta, Georgia Zip 29 30326
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3. Date Incorporated or Qualified 04/12/1982	4. FEI Number 58-1449601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

g. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD 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 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAUSSEMAGNE, JACK 3414 PEACHTREE, STE 300 ATLANTA GA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T/D Jack Faussmagne 3424 Peachtree Rd., Suite 2075 Atlanta, GA 03326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM B 3414 PEACHTREE, STE 300 ATLANTA GA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D William B. Johnson 3424 Peachtree Rd., Suite 2075 Atlanta, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP MARTINDALE, LARRY P 3414 PEACHTREE, STE 300 ATLANTA GA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/C Larry P. Martindale 3424 Peachtree Rd., Suite 2075 Atlanta, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAMBERS, RUFUS A 3520 PIEDMONT RD SUITE 350 ATLANTA GA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S Rufus A. Chambers 3390 Peachtree Road, #450 Atlanta, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Daryl Saylor 5912 Breckenridge Parkway; Suite A Tampa, Florida 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (10/97)

4/7/98 404/816-4070