FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **853609** **(6)**

1. Corporation Name
AMERICAN FROZEN FOODS, INC.

Principal Place of Business	Mailing Address
355 BENTON ST. STRATFORD CT 06497	355 BENTON ST. STRATFORD CT 06497

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/30/1982**
3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **06-0764758** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 **FL** 85 Zip 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 DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	D	☒ Change ☐ Addition
NAME	RAPPOPORT, NORMAN	1.2 NAME		
STREET ADDRESS	41 VALLEY CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD CT.	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	CEO/D	☒ Change ☐ Addition
NAME	MONJELLO, DONALD	2.2 NAME		
STREET ADDRESS	1 WYCKHAM HILL LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT	2.4 CITY-ST-ZIP		
TITLE	CEO	3.1 TITLE	C /D	☒ Change ☐ Addition
NAME	CHERRY, KENNETH	3.2 NAME		
STREET ADDRESS	1 SHOREHAVEN RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NORWALK CT	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	T	☐ Change ☒ Addition
NAME	CHERRY, KENNETH	4.2 NAME	Thomas Wikander	
STREET ADDRESS	1 SHOREHAVEN RD.	4.3 STREET ADDRESS	44 Bunker Hill Drive	
CITY-ST-ZIP	NORWALK CT	4.4 CITY-ST-ZIP	Trumbull, CT 06611	
TITLE	VD Please remove	5.1 TITLE	V/D	☐ Change ☒ Addition
NAME	ZAHNER, DEAN	5.2 NAME	Richard Davanzo	
STREET ADDRESS	45 E. POINT LOOKOUT	5.3 STREET ADDRESS	15 Tanglewood Circle	
CITY-ST-ZIP	MILFORD CT	5.4 CITY-ST-ZIP	Milford, CT 06460	
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	COREY, WILLIAM JR.	6.2 NAME		
STREET ADDRESS	8 HORSESTABLE CR	6.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTINGTON CT	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: William J Corey Jr 4/18/95 203-378-7900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

William J. Corey, Jr. Secretary
TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0903407 PP