

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

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F92313 (8)
 1. Corporation Name
FLORIDA SHORTENING CORPORATION



Principal Place of Business: **7360 N.W. 35TH AVENUE MIAMI FL 33147**
 Mailing Address: **PO BOX 660098 MIAMI SPRINGS FL 33266**

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
 26 **7360 NW 35th Ave.**
 27 Suite, Apt #, etc.
 28 **Miami, FL**
 29 **33147** 30 **USA**

3. Date Incorporated or Qualified
07/26/1982

4. FEI Number **59-2191098**
 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MCGOVERN, JOHN W
7360 NW 35TH AVE.
MIAMI FL 33147

10. Name and Address of New Registered Agent
 81 Name **THEOBALD, CALVIN**
 82 Street Address (P.O. Box Number is Not Acceptable) **7360 NW 35th AVE.**
 83
 84 City **MIAMI** FL 85 Zip Code **33147**

11. Pursuant to the provisions of Sections 607.0507 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 **Calvin Theobald** President **Calvin Theobald** 04/27/98
Signature has the same legal effect as if made under oath. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	MCGOVERN, JOHN W	
STREET ADDRESS	7360 NW 35TH AVE.	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THEOBALD, HARRY	
STREET ADDRESS	7360 NW 35TH AVE.	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THEOBALD, CALVIN	
1.3 STREET ADDRESS	7360 NW 35TH AVE.	
1.4 CITY - ST - ZIP	MIAMI, FLORIDA 33147	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MULLINS, MICHAEL T	
2.3 STREET ADDRESS	7360 NW 35TH AVE.	
2.4 CITY - ST - ZIP	MIAMI, FLORIDA 33147	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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2/6/22

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 deleted, or on an attachment with an address.

SIGNATURE: **Michael T Mullins** 6-27-98 305-691-2622

CR2E034 (10/97)