


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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90141 002 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000000412					
1. Corporation Name FLEMING INTERNATIONAL LTD. INC.					
Principal Place of Business 6301 WATERFORD BLVD. OKLAHOMA CITY OK 73118			Mailing Address P.O. BOX 26647 OKLAHOMA CITY OK 73126 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 73-1414701	
22 City & State		27 City & State		5. Certificate of Status Desired - <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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					
TITLE	P	<input checked="" type="checkbox"/> DELETE			
NAME	EPPERSON, WAYNE				
STREET ADDRESS	7205 N.W. 19, STE. #200				
CITY-ST-ZIP	MIAMI FL				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	ALMOND, DAVID R				
STREET ADDRESS	6301 WATERFORD BLVD.				
CITY-ST-ZIP	OKLAHOMA CITY OK				
TITLE	VTAS	<input type="checkbox"/> DELETE			
NAME	THOMPSON, JOHN M				
STREET ADDRESS	6301 WATERFORD BLVD.				
CITY-ST-ZIP	OKLAHOMA CITY OK				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	TWOMEY, KEVIN J.				
STREET ADDRESS	6301 WATERFORD BLVD.				
CITY-ST-ZIP	OKLAHOMA CITY OK				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	LAWSON, WILLIAM M.				
STREET ADDRESS	6301 WATERFORD BLVD.				
CITY-ST-ZIP	OKLAHOMA CITY OK				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	NEUMEISTER, MARK O				
STREET ADDRESS	6301 WATERFORD BLVD.				
CITY-ST-ZIP	OKLAHOMA CITY OK 73118				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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					

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, with all other like empowered.

SIGNATURE:

*Mark O. Neumeister*  
MARK O. NEUMEISTER

4-13-99

Date

405 840 7200

Daytime Phone #

CR2E034 (1/98)