

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000001332 (4)

1. Corporation Name  
PURITY FOODS, INC.



Principal Place of Business  
925-E EASTERN SHORE DRIVE  
SALISBURY MD 21804  
US

Mailing Address  
925-E EASTERN SHORE DRIVE  
SALISBURY MD 21804  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1995	3a. Date of Last Report 04/19/1996
4. FEI Number 23-2325964	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business  
21 710 Highway 59 South  
Suite, Apt. #, etc.

22 City & State  
23 DUNSMITH IOWA

24 Zip  
51442

25 Country  
USA

2. Principal Place of Business  
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Suite, Apt. #, etc.

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51442

25 Country  
USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD	<input type="checkbox"/> DELETE
NAME	SCHROEDER, WILLIAM W	
STREET ADDRESS	350 CANALE DR.	
CITY-ST-ZIP	PLEASANTVILLE NJ 08232	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARCHIBALD, ROBERT	
STREET ADDRESS	5 OLD FARM ROAD	
CITY-ST-ZIP	NORTH CALDWELL NJ 07006	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PARSONS, LYNN	
STREET ADDRESS	925 EASTERN SHORE DR., STE. E	
CITY-ST-ZIP	SALISBURY MD 21801	
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	<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 checked="" type="checkbox"/> Addition
4.2 NAME	V. P. Finance / Director
4.3 STREET ADDRESS	JOHN B. LEE, JR.
4.4 CITY-ST-ZIP	925 EASTERN SHORE DR
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SALISBURY MD 21801
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 do 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.

SIGNATURE:

*[Signature]*

7-24-97 410-749-6324

CR2E034 (4/97)