

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

FILED

**May 01 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 # F96000001299 (4)
 1. Corporation Name
METROPOLITAN FOODS, INC.



Principal Place of Business 736-D ST ANDREWS RD-BOX 156 COLUMBIA SC 29210	Mailing Address 736-D ST ANDREWS RD-BOX 156 COLUMBIA SC 29210
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 58-1868009	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLCH, CARL JR	1.2 NAME	
STREET ADDRESS	300 TECHNOLOGY CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SMYRNA GA 30082	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLCH, SUSAN BASS	2.2 NAME	T/CFO
STREET ADDRESS	300 TECHNOLOGY CT	2.3 STREET ADDRESS	Robert J. Dumbacher
CITY-ST-ZIP	SMYRNA GA	2.4 CITY-ST-ZIP	300 Technology Court
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENKER, MAX	3.2 NAME	D
STREET ADDRESS	3759 WATERLILLY WAY	3.3 STREET ADDRESS	300 Technology Court
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP	Smyrna, GA 30082
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREVOST, BILL	4.2 NAME	V/S
STREET ADDRESS	4340 COLLINGHAM TRACE	4.3 STREET ADDRESS	James O. Wood
CITY-ST-ZIP	MARIETTA GA 30068	4.4 CITY-ST-ZIP	300 Technology Court
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, LILLARD	5.2 NAME	
STREET ADDRESS	378 BRIDGEBROOK LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	SMYRNA GA 30082	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDAU, HARRIET	6.2 NAME	
STREET ADDRESS	800 HERITAGE PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA 30033	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.

CR2E034 (10/97)