

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90141 038 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F97000004822**

1. Corporation Name  
**CHINA PEREGRINE FOOD CORPORATION**

Principal Place of Business 777 SOUTH FLAGLER DRIVE, SUITE 1113 PHILLIPS POINT - WEST TOWER WEST PALM BEACH FL 33401	Mailing Address 777 SOUTH FLAGLER DRIVE, SUITE 1113 PHILLIPS POINT - WEST TOWER WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/16/1997</b>	4. FEI Number <b>62-1681831</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 11300 US Hwy 1 Suite, Apt. #, etc. 22 Suite 202 City & State 23 North Palm Beach, FL Zip 24 33408	2a. Mailing Address 26 11300 US Hwy 1 Suite, Apt. #, etc. 27 Suite 202 City & State 28 North Palm Beach, FL Zip 29 33408	Country 30 USA
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9. Name and Address of Current Registered Agent

**LURVEY, JOHN A**  
**CONROY, SIMBERG & GANON**  
**400 AUSTRALIAN AVENUE, SOUTH**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name <b>John A. Lurvey</b>	85 Zip Code <b>33401</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>Conroy, Simberg &amp; Ganon</b>	
83 <b>1801 Centre Park Drive, East, Suite 200</b>	
84 City <b>West Palm Beach</b>	85 Zip Code <b>FL 33401</b>

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	<b>WARREN, ROY</b>	
STREET ADDRESS	<b>777 SOUTH FLAGLER DRIVE SUITE 1113</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>LURVEY, SUSAN E</b>	
STREET ADDRESS	<b>5340 FOX RUN CIRCLE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CUMMINGS, ROBERT J</b>	
STREET ADDRESS	<b>2820 NE 44TH STREET</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	
TITLE	C	<input type="checkbox"/> DELETE
NAME	<b>DOWNES, PAUL</b>	
STREET ADDRESS	<b>5646 WINDRIFT LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BEECH, CHARLIE</b>	
STREET ADDRESS	<b>5350 POPULAR AVE SUITE 750</b>	
CITY-ST-ZIP	<b>MEMPHIS TN 38119</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>PEARCE, PHILLIP</b>	
STREET ADDRESS	<b>6624 GLENLEAF</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC 28270</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Lucci, Michael</b>	
1.3 STREET ADDRESS	<b>49 Spanish River</b>	
1.4 CITY-ST-ZIP	<b>Ocean Ridge, FL 33435</b>	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>McCormack, John</b>	
2.3 STREET ADDRESS	<b>8750 South Grant</b>	
2.4 CITY-ST-ZIP	<b>Burr Ridge, IL 60521</b>	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Holdsworth, George J.</b>	
3.3 STREET ADDRESS	<b>74 Earlsdon Street, Ltd.</b>	
3.4 CITY-ST-ZIP	<b>Conventry CV5 6EU England</b>	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Downes, Paul</b>	
4.3 STREET ADDRESS	<b>5646 Windrift Lane</b>	
4.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
5.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Beech, Charles</b>	
5.3 STREET ADDRESS	<b>5350 Popular Avenue, Suite 750</b>	
5.4 CITY-ST-ZIP	<b>Memphis, TN 38119</b>	
6.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Davis, Michael</b>	
6.3 STREET ADDRESS	<b>20 Harris Street, #8</b>	
6.4 CITY-ST-ZIP	<b>Hampton Beach, NH 03843</b>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan E. Lurvey

02/10/99

561-625-1411

Date

Daytime Phone #

CR2E034 (1/98)