Zip Code

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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9800000309

Country

9. Name and Address of Current Registered Agent

25

1200 SOUTH PINE ISLAND ROAD

C T CORPORATION SYSTEM

PLANTATION FL 33324

EAGLE FAMILY FOODS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

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Zip

Principal Place of Business	Mailing Address				
220 WHITE PLAINS ROAD TARRYTOWN NY 10591	220 WHITE PLAINS ROAD TARRYTOWN NY 10591				

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2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90084 026 ***150.00

ĺ									
	DO NOT WRITE IN THIS SPACE								
	 Date Incorporated or Qualifed 01/20/1998 								
	4. FEI Number	Applied For							
	13-3982757	Not Applicable							
	F. Certificate of Status Desired	8.75 Additional Fee Required							
		\$5.00 May Be Added to Fees							
	8. This corporation owes the current year Intangib Personal Property Tax.								
	10. Name and Address of New Registered Agen	t							
Name									
Street Addres	s (P.O. Box Number is Not Acceptable)								

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.

Country

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84 City

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agent. Fam familial with, and accept the bullgations of, Section 607.0000, Florida Statutes.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the control of the control											
12.	OFFICERS AND DIREC	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				RS IN 12				
TITLE	PD	☐ DELETE	1.1 TITLE	:			Change	Addition			
NAME	NUGENT, JOHN O		12 NAME			,					
STREET ADDRESS	4 GATEHALL DR., 2ND FL		1.3 STREET ADDRESS								
CITY-ST-ZIP	PARSIPPANY NJ	_	1.4 CITY-ST-ZIP								
TITLE	VS	☐ DELETE	2.1 TITLE				☐ Change	Addition			
NAME	RICH, JONATHAN		2.2 NAME					ļ			
STREET ADDRESS	4 GATEHALL DR, 2ND FL		2.3 STREET ADDRESS					i			
CITY-ST-ZIP	PARSIPPANY NY		2. 4 CITY- \$T-ZIP				<u>-</u> -				
TITLE	T	☐ DELETE	3.1 TITLE				Change	☐ Addition			
NAME	STEINKE, CRAIG		3.2 NAME		2	A /					
STREET ADDRESS	124 SLEEPY HOLLY LANE		3.3 STREET ADDRESS	120 white Tarry town	Plains	KA.					
CITY-ST-ZIP	ORINDA CA		3.4. CITY- \$T-ZIP	Tarrytown	<u>L , NY</u>						
TITLE	V	☐ DELETE	4.1 TITLE	•	•		☐ Change	Addition			
NAME	BYRNE, JAMES A		4 2 NAME								
STREET ADDRESS	220 WHITE PLAINS RD		4.3 STREET AODRESS			•					
CITY-ST-ZIP	TARRYTOWN NY		4.4 CITY-ST-ZIP	_							
TITLE	٧	☐ BELETE	5.1 TITLE				Change	Addition			
NAME	DALE JR, FREDERICK M		5.2 NAME								
STREET ADDRESS	220 WHITE PLAINS RD		5.3 STREET ADDRESS					}			
CITY-ST-ZIP	TARRYTOWN NY		5.4 CITY-ST-ZIP	<u> </u>			· · · · · · · · · · · · · · · · · · ·				
TITLE	ν	☐ DELETE	6.1 TITLE				Change	Addition			
NAME	LUMMP, RICHARD A		6.2 NAME								
STREET ADDRESS	220 WHITE PLAINS RD		6.3 STREET ADDRESS								
CITY-ST-ZIP	TARRYTOWN NY		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:

NATURE AD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

499 (619

(614) 225-7194 Daytime Phone #