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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION
ANNUAL REPORT
1995



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

95 MAR 20 PM 2:05
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **H44947** (0)

1. Corporation Name

DORRENBURG SAUSAGE, INC.

Principal Place of Business

**5830 FUNSTON STREET
HOLLYWOOD FL 33023**

Mailing Address

**5830 FUNSTON STREET
HOLLYWOOD FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1985

3a. Date of Last Report

03/22/1994

2. Principal Place of Business

900 SW 24 ST

2a. Mailing Address

900 SW 24 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

Zip

33315

Country

BROWARD

Zip

33315

Country

FL

4. FEI Number

59-2500093

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DORRENBURG, DIETER
5830 FUNSTON STREET
HOLLYWOOD FL 33023**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

900 SW 24 ST

83.

84. City

FT. LAUDERDALE

FL

85. Zip Code

33315

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	DP
NAME	DORRENBURG, DIETER
STREET ADDRESS	5830 FUNSTON STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VP
NAME	BRUEGGEMANN, HERDEMARRE
STREET ADDRESS	5830 FUNSTON STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	900 SW 24 ST
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33315
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	900 SW 24 ST
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33315
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Optional) Phone #