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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State

	1996	DIVISION	N OF CORPORATIONS			
I. Corporation		34 (2)	)			
MID ST	TATE FOODS, INC. #1			1 (4 1) (11 4 2) 4 (4 1) 4 (4 1) 4 (4 1) 4 (4 1)	i Andr Andri Arbis Albis Arbis Brock a	(464) <b>6</b> (6)) (66)
rincipal Place	of Business	Mailing Address			. 9181 61811 91811 61811 61811	11911 01911 1801
1601 SOUTH		1601 SOUTH U.S.				
ft. Pierce f Us	rL 34900	ft. Pierce fl. 34 US	4950			
				3. Date Incorporated or Qualified 08/21/1987	3a. Date of Last Re 04/03/199	
. Principal Plai ]	ace of Business	2a. Mailing Address	•	4. FEI Number 59-2838953	<u> </u>	pplied For ot Applicable
Suite, Ant. #	t. elc.	Suite, Apt. #, etc			\$8.75	Additional
		27		5. Certificate of Status Desired	1 1 '	equired
City & State	!	City & State		6. Election Campaign Financing	1 1	May Be
Zip	Country		Country	Trust Fund Contribution	Added	to Fees
2.9J	25 Coolary	2 p	30	8. This corporation has liability for Florida Statutes	intangible tax under s 	189.032,
	9. Name and Address of Curr			10. Name and Address of New F		
			81 Name			
	DERDALE FL 33301		Ll.		<b>85</b> Zip	Code
	the analysis of Carling CO7 OF	100	84 City		FL	
Pursuant to or registere familiar with	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	502 and 607.1508, Florida S orida. Such change was autl ection 607.0505, Florida Sta	Statutes, the above named corporation's boo	oration submits this statement for the pur ard of directors. I hereby accept the app	FL	gistered office agent. I am
familiar with 	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registers 1 ag	ection 607.0505, Florida Sta	Statutes, the above named corporation's boo		FL	gistered office agent. I am
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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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE

THE AND TYPES OF SHINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/19/96

407/461-2287

Daytime Prione #