


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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J88684** (2)  
1. Corporation Name  
**MID STATE FOODS, INC. #1**

Principal Place of Business <b>1601 SOUTH U.S. 1 FT. PIERCE FL 34950 US</b>	Mailing Address <b>1601 SOUTH U.S. 1 FT. PIERCE FL 34950 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7724 WEXFORD WAY</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>7724 WEXFORD WAY</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>08/21/1987</b>	
City & State 23 <b>PT. ST. LUCIE, FL</b> Zip Country 24 <b>34986-3007</b> 25 <b>US</b>		City & State 28 <b>PT. ST. LUCIE, FL</b> Zip Country 29 <b>34986-3007</b> 30 <b>US</b>		4. FEI Number <b>59-2838953</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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

**BROGAN, FRANCIS B., JR.  
515 EAST LAS OLAS BLVD., SUITE 1500  
FT. LAUDERDALE FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAMER, KENNETH J.</b>	
STREET ADDRESS	<b>1601 S. FEDERAL HWY</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	<b>DVPS</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAMER, ROCHELLE</b>	
STREET ADDRESS	<b>1601 S. FEDERAL HWY</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7724 WEXFORD WAY</b>
1.4 CITY-ST-ZIP	<b>PT. ST. LUCIE, FL 34986-3007</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>7724 WEXFORD WAY</b>
2.4 CITY-ST-ZIP	<b>PT. ST. LUCIE, FL 34986-3007</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Kenneth J. Cramer* **KENNETH J. CRAMER** 4/13/98 (361) 489-2449

CR2E034 (10/97)