FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (3) POULTRY BROTHERS, INC. Principal Place of Business Mailing Address 8666 N.W. 44TH ST. 8666 N.W. 44TH ST. SUMPISE FL 33351 SUNRISE FL 33351 3. Date Incorporated or Qualified 3a. Date of Last Report 05/27/1988 04/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0053685 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Country This corporation has liability for intangible tax under s 199.032, Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THIRER, MARTIN, P.A. Street Address (P.O. Box Number is Not Acceptable) 82 2717 W. CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309 83 City 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 an accept the obligations of, Section 607.0505, Florida Statutes. Signal are, typed or printed name of registratic agent and their applicance. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 Table Change Addition LANDANNO, KEITH NAME 1.2 NAME **CR2E034** 8785 NW 75TH PLACE STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP 1.4 CITY - ST - ZIP **VPD** TITLE DELETE 2 1 DTLE Change Addition LAUDANNO, BRIAN NAME 2.2 NAME 10901 NW 14TH ST APT 436 STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 2 4 CITY - \$1 - ZiP TITLE DELETE 3 1 Tifle ☐ Change Addition DEL CAMPO, JOYCE NAME 3.2 NAME 8810 NW 47TH STREET STREET ADDRESS 3.3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 3.4 CITY - S1 - ZIP TITLE DELETE 4 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-S1-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHY+ST-ZIP TITLE DELETE 6 1 THE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 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 119.07(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

Joyce Del Campo 3/12/96

an attachment with an ad-

(12/95)

SIGNATURE: