

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

FILED

May 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K42341

(3)

1. Corporation Name

HAL'S MEATS INCORPORATED

Principal Place of Business

Mailing Address

18083 NW 27TH AVENUE  
MIAMI FL 33066

18083 NW 27TH AVENUE  
MIAMI FL 33066-3506



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/28/1988

3a. Date of Last Report

02/23/1996

4. FEI Number

59-2017857

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

10. Name and Address of New Registered Agent

FLETCHER, HALRIC  
1306 N.E. 125TH TERRACE  
SUNRISE FL 33323

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

*Halric E. Fletcher*

*HALRIC E. FLETCHER, DIRECTOR*

*2/13/97*

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	PD	<input type="checkbox"/> DELETE
NAME	FLETCHER, HALRIC	
STREET ADDRESS	1306 NW 125TH TERRACE	
CITY - ST - ZIP	SUNRISE FL 33323	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLETCHER, HALRIC	
1.3 STREET ADDRESS	1306 NW 125TH TERR	
1.4 CITY - ST - ZIP	SUNRISE FL 33323	
2.1 TITLE	PID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAWRENCE, ROSE	
2.3 STREET ADDRESS	12253 S.W 49 CRT	
2.4 CITY - ST - ZIP	COOPER CITY FL 33330	
3.1 TITLE	SHD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	REID, SANDRA	
3.3 STREET ADDRESS	16422 SW 5WAY	
3.4 CITY - ST - ZIP	FT. LAUDERDALE FL 33326	
4.1 TITLE	FLETCHER, LYDWINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1306 NW 125TH TERR	
4.4 CITY - ST - ZIP	SUNRISE FL 33323	
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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/13/97*

*(305) 625-2058*

CR2E034 (9/96)