

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K43736** (3)

1. Corporation Name

ATLANTIC PORK & PROVISIONS, INC.



Principal Place of Business

**C/O SMITH & HULSEY
1014-36 STANLEY AVENUE
BROOKLYN NY 11208
US**

Mailing Address

**1014-36 STANLEY AVE
111 RIVERSIDE AVE S140
BROOKLYN NY 11208
US**

3. Date Incorporated or Qualified
11/07/1988

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2918044

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

**HEANEY SR, PETER
300 PARK SHORE DRIVE
225 WATER STREET
NAPLES FL 33940**

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 address

Signature, typed or printed name of new registered agent, and address

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **D NEWTON, RUSSELL B JR.**
STREET ADDRESS **111 RIVERSIDE AVE S140**
CITY-STATE-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **P JACK ANTINORI**
1.3 STREET ADDRESS **9 EAST DR**
1.4 CITY-STATE-ZIP **PLANDOME, NY**

TITLE ☐ DELETE
NAME **DVP ROMEO, RON**
STREET ADDRESS **144-06 94TH AVE**
CITY-STATE-ZIP **JAMAICA NY**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **TS ANTINORI, SUSAN**
STREET ADDRESS **9 EAST DR**
CITY-STATE-ZIP **PLANDOME NY**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☒ DELETE
NAME **AS DRISCOLL, JOHN T**
STREET ADDRESS **300 EAST 42ND ST**
CITY-STATE-ZIP **NY NY**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **AS ANTINOR, SUSAN**
STREET ADDRESS **9 EAST DR**
CITY-STATE-ZIP **PLANDOME NY**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jack Antinori
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

718-212-4550

DAY

DAYTIME PHONE #

CR2E034 (12/95)