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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K80227

**(7)** 

BROOKSVILLE FOODS, INC.

FILED Apr 22 1997 8:00am Secretary of State

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	ace of Business	Mailing Address							
1212 BROAD BROOKSVILL		1044 OLD FIELD DR Brandon FL 33511-825	2						
US		US				3. Date Incorporated or Qualified 04/14/1989	3a. Date 04/11	of Last R /1996	eport
2. Principal	Prace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
1		26				59-2942564	····		Applicabl
Suite, Ap 2	of #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & St	tate	City & State				Election Campaign Financing     Trust Fund Contribution	D⁄	\$5.00 Added 1	
Ζφ	Country	Zip	Cou	untry		8. This corporation has liability for it	nangible ta	x under s	199.032,
<u> </u>	25	29	30				Yes 🗌		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	istered Ag	ent	
Ki	im, ki, yung			B1	Name				
10	044 OLD FIELD DR			82	Street Add	ress (P.O. Box Number is Not Acceptable	le)		
BI	RANDON FL 33511			Ш	·				
				83					
				84	City			<b>85</b> Zip (	Code
				1	•		FL	1	
IGNATURE						poration submits this statement for the pition's board of directors. I hereby accep			
			TIE NAME (ALE	o vđeu	t signature requi	fred when reinstating)	DATE		
2.	OFFICERS A	ND DIRECTORS	13.	a Agen	t signature requi	red when reinstaling) ADDITIONS/CHANGES TO OFFICE		IRECTOR	S IN 12
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I. 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 chapped, or on an attachment with an address.

SIGNATURE:

GNA DATE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 813 684