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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05206 (2) 1. Corporation Name FOOD RESOURCES INC. Principal Place of Business Mailing Address C/O KARL M. TOURAINE 8285 SW 107 LANE 8285 SW 107 LANE 8285 SW 107 LANE										
0CALA FL 344 US				CALA FL 34481-9104			Date Incorporated or Qualified	3a. Dal	e of Las	st Report
							07/27/1989	04/2	3/199	6
2. Principal Place of Business			F-5	2a. Mailing Address			4, FEI Number 06-1032779		Applied For Not Applicable	
Suite Apt.	# etc			Suite, Apt. #, etc.	······································		5. Certificate of Status Desired			5 Additional
22 City & Stat			27	City & State						Required
23	rc.		28	Oily & State			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip		Country		Zip	Count	ry	This corporation has liability to Florida Statutes	or intangible t	ax unde	er s. 199.032,
24	9, Name ar	ol nd Address of Cu	29 rrent Regis	tered Agent	30		10. Name and Address of New I		-	***************************************
	JRAINE, KARL				8	Name				
	5 SW 107 LA				8	2 Street Add	dress (P.O. Box Number is Not Accept	able)		*******
00	ALA FL 34481				8:	3				
					8-	4 City			85 2	Zip Code
** <u>-</u>				····	j	1		FL		
office or a	registered ager	it, or both, in the S	tate of Florid	da Such change w	as authorized t	by the corpora	ation's board of directors. I hereby acc	cept the appo	neminic	as registered
office or agent I a SIGNATURE		pri ved name of registors		ѓаррісаble (poration submits this statement for the ation's board of directors. I hereby acc ulted when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
SIGNATURE	Sopra or typotical	prine I narse of registore OFFICERS	d agent and litte	ѓаррісаble (NOTE: Registered A	gent signature requ	ulred when reinstating)	DATE		ORS IN 12
SIGNATURE 12. TILLE NAME	D TOURAINE	OFFICERS	d agent and litte	dappleable (NOTE: Registered A 13. 1.1 TITLE 1.2 NAMI	gent signature requ	ulred when reinstating)	DATE	DIRECT	ORS IN 12
SIGNATURE 12. THE NAME SIREELADURESS	Sopra or typotical	OFFICERS	d agent and litte	dappleable (NOTE: Registered A 13. 1.1 TITLE 1.2 NAMI 1.3 STREET	gent signature requirements	ulred when reinstating)	DATE	DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	dappleable (NOTE: Registered A 13. 1.1 TITLE 1.2 NAMI	gent signature requiences ET ADDRESS -ST-ZIP	ulred when reinstating)	DATE	DIRECT	FORS IN 12 ge Addition
SIGNATURE 12. TIPLE NAME STREEL ADDRESS CITY-ST-ZIP TIPLE NAME	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	r'eppticable (CTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 SYRE 1.4 CITY 2.1 TITLE 2.2 NAMI	gent signature requirements for the signature requirements for	ulred when reinstating)	DATE	DIRECT Chan	FORS IN 12 ge Addition
SIGNATURE 12. TITLE NAME SIRELI ADDRESS CITY-ST-ZIP TITLE NAME SIRELI ADDRESS	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	r'eppticable (CTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY. 2.1 TITLE 2.2 NAMI 2.3 STRE	gent signature requirements for the second s	ulred when reinstating)	DATE	DIRECT Chan	FORS IN 12 ge Addition
SIGNATURE 12. TITLE NAME SIRELI ADDRESS CHY-SI-ZIP TITLE NAME	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	r'eppticable (CTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 SYRE 1.4 CITY 2.1 TITLE 2.2 NAMI	gent signature requirements of ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ulred when reinstating)	DATE	DIRECT Chan	FORS IN 12 ge Addition ge Addition
SIGNATURE 12. TITLE NAME SIREELADDRESS CHY-ST-ZIP DITLE NAME SIREELADDRESS CHY-ST-ZIP TITLE NAME	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	CTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI	Gent signature requirements of the second signat	ulred when reinstating)	DATE	DIRECT Chan	FORS IN 12 ge Addition ge Addition
SIGNATURE 12. TITLE NAME SIRELLADDRESS CITY-ST-ZIP TITLE NAME SIRELLADDRESS CITY-ST-ZIP TITLE NAME SIRELLADDRESS	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	CTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 2.1 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI	gent signature requience to the standards of the standards series of the stand	ulred when reinstating)	DATE	DIRECT Chan	FORS IN 12 ge Addition ge Addition
SIGNATURE 12. TITLE NAME SIREELADDRESS CHY-ST-ZIP DITLE NAME SIREELADDRESS CHY-ST-ZIP TITLE NAME	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	CTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI	SET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ulred when reinstating)	DATE	DIRECT Chan	PRS IN 12 ge
SIGNATURE 12. TITLE NAME SIRGELADDRESS CITY-ST-ZIP DITLE NAME SIRGELADDRESS CITY-SI-ZIP TITLE NAME SIRGELADDRESS CITY-SI-ZIP TITLE NAME SIRGELADDRESS CITY-SI-ZIP	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	Pappicable (CTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY	gent signature requience to the state of the	ulred when reinstating)	DATE	DIRECT Chan	PRS IN 12 ge
SIGNATURE 12. TOTE NAME STREEL ADDRESS CITY-ST-ZIP TILE NAME STREEL ADDRESS STREEL ADDRESS	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	Pappicable (CTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREI 4.3 STREI 4.3 STREI 4.3 STREI 4.3 STREI 5.4 STREI 5.5 STREI 6.5 STREI 6.6 STREI 6.7 STREI	er Address Et Address ST-ZIP Et Address -SI-ZIP Et Address -SI-ZIP Et Address Et Address Et Address	ulred when reinstating)	DATE	DIRECT Chan	PRS IN 12 ge
SIGNATURE 12. THE NAME SIRELADDRESS CHY-SI-ZIP THE NAME SIRELADDRESS CHY-SI-ZIP THE NAME SIRELADDRESS CHY-SI-ZIP THE NAME SIRELADDRESS CHY-SI-ZIP THE NAME	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	Pappicable (CTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY. 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY. 3.1 TITLE 3.2 NAMI 3.3 STREI 3.4 CITY 4.1 TITLE	Gent signature requience of the control of the cont	ulred when reinstating)	DATE FICERS AND	DIRECT Chan	GPS IN 12 ge Addition ge Addition ge Addition
SIGNATURE 12. TOLE NAME SIRELADDRESS CITY-SI-ZIP TITE NAME SIRELADDRESS CITY-SI-ZIP TITLE NAME SIRELADDRESS CITY-SI-ZIP TITLE NAME SIRELADDRESS CITY-SI-ZIP TITLE NAME SIRELADDRESS CITY-SI-ZIP	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	Pappicable (CTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 2.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STREI 4.1 CITY 4.1 TITLE 4.2 NAMI 4.3 STREI 4.2 NAMI 4.3 STREI 4.4 CITY	er algorithme requirements of the control of the co	ulred when reinstating)	DATE FICERS AND	DIRECT Chan Chan	ge Addition ge Addition ge Addition
SIGNATURE 12. TOTE NAME STREEL ADDRESS CITY-ST-ZIP TOTE TOTE	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	Pappicable (CTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 4.2 NAMI 4.3 STRE 4.2 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI	er algorithme requirements of the control of the co	ulred when reinstating)	DATE FICERS AND	DIRECT Chan Chan	ge Addition ge Addition ge Addition
SIGNATURE 12. TITLE NAME SIRGELADDRESS CITY-SI-ZIP	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	Pappicable (CTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 4.2 NAMI 4.3 STRE 4.2 TITLE 4.2 NAMI 5.3 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 5.3 STRE 5.4 CITY	et address -ST-ZIP	ulred when reinstating)	DATE FICERS AND	DIRECT Chan Chan	ge Addition ge Addition ge Addition ge Addition
SIGNATURE 12. TITLE NAME SIRRELADDRESS CITY-SI-ZIP TITLE	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	Pappicable (CTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 4.2 NAMI 4.3 STREI 4.2 NAMI 5.3 TITLE 5.2 NAMI 5.3 STREI 5.4 CITY 6.1 TITLE	gent alignature requirements of the property o	ulred when reinstating)	DATE FICERS AND	DIRECT Chan Chan	ge Addition ge Addition ge Addition ge Addition
SIGNATURE 12. TIME NAME SIRGELADDRESS CITY-SI-ZIP TIME NAME	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	Pappicable (CTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STREI 3.2 NAMI 3.3 STREI 4.1 TITLE 4.2 NAMI 4.3 STREI 4.2 NAMI 5.3 STREI 5.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STREI 5.4 CITY 6.1 TITLE 6.2 NAMI 6.3 NAMI 6.3 STREI 6.4 NAMI 6.5 STREI 6.5 NAMI 6.5	gent alignature requience of the control of the con	ulred when reinstating)	DATE FICERS AND	DIRECT Chan Chan	ge Addition ge Addition ge Addition ge Addition
SIGNATURE 12. TELE NAME SIRELI ADDRESS CITY-SI-ZIP TITLE	D TOURAINE 8285 SW 1	OFFICERS	d agent and litte	Pappicable (CTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STREI 3.2 NAMI 3.3 STREI 4.1 TITLE 4.2 NAMI 4.3 STREI 4.2 NAMI 5.3 STREI 5.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STREI 5.4 CITY 6.1 TITLE 6.2 NAMI 6.3 NAMI 6.3 STREI 6.4 NAMI 6.5 STREI 6.5 NAMI 6.5	Gent dignature requirements of the property of	ulred when reinstating)	DATE FICERS AND	DIRECT Chan Chan	ge Addition ge Addition ge Addition ge Addition

SIGNATURE:

Karl M. Towarie

KARL M. TO

TOURALNE

1/4/97 352 8

FILED

Apr 11 1997 8:00am

Secretary of State

352 854 1800

ie Phone #