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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # M33597**

1. Corporation Name

V & C PRIME MEATS, INC.

## **FILED** Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90026 020 \*\*\*150.00



Mailing Address Principal Place of Business 1630 E SAMPLE RD 1630 E SAMPLE RD POMPANO BCH FL 33064 POMPANO BCH FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/12/1986 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-268 1945 Not Applicable 26 21 \$8.75 Additional Suite, Apt, #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip ΠNo Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DECICCO, VINCENT Street Address (P.O. Box Number is Not Acceptable) 1630 E SAMPLE RD POMPANO BCH FL 33064 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) \* 1 Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE a Coff (3) PA TITLE DECICCO, VINCENT 12 NAME NAME 1630 E SAMPLE RD 1.3 STREET ADDRESS STREET ADDRESS POMPANO BCH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CiTY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME - -4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP > CITY-ST-ZIP Addition Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME : 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIF 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98