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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # M72492 (5) 1. Corporation Name FARRELL FOOD SYSTEMS, INC. Principal Place of Business C/O JOHN FARRELL 500 CANAL STREET C50 CANAL STREET								
	BEACH FL 32168-7012	NEW SMYRNA BEACH FL	32168-7012	2	O Date of the Control	Ta. Da	-5145	
				•	3. Date Incorporated or Qualified 03/11/1988		e of Last R 9/1996	өрөн
2. Principal P	Place of Business	2a. Mailing Address		***************************************	4. FEI Number	J 772		plied For
21	W sets.	26 Suite Apt # etc			59-2882618			t Applicable
Suite Apt	# 60)	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	ė	City & State		···	6. Election Campaign Financing		\$5.00	···
23		28	T	·	Trust Fund Contribution		Added t	
Zip 	Country 25	Zip 29	Goul 30	ntry	8. This corporation has liability for in Florida Statutes	intangible t Yes		199.032,
24	9. Name and Address of Curr		1301		10. Name and Address of New Re	·		
FARI	RELL, JOHN			81 Name	'''. ''. ' '' '' '' '' '' '' '' '' '' ''			
500	CANAL STREET		}	82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
NEW	/ SMYRNA BEACH FL 32168			83	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
			ľ	03				
							85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	Ì	B4 City pove-named cor	poration submits this statement for the p	FL purpose of o	1 1 .	s registered
SIGNATURE	Signatur /geod or pointed name of registered	agent and title if applicable (NC	ites, the at authorized jorida State	pove-named cor by the corpora utes	ired when reinstating)	ourpose of on the appo	changing its intment as	
_	Signatur /geod or pointed name of registered		ites, the at authorized jorida Stati	pove-named corpora by the corpora utes Agent signature requ) 7	purpose of continue appoint the appoint pare Date	changing its intment as	
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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 suppliemental 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 tipe 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 Qiangon, or on an attachment with an address.

SIGNATURE:

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97 (904) 428-1

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